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Original Articles

UNUSUAL FORMS OF SYPHILIS OF THE LIVER*

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Acquired syphilis of the liver is a common malady, yet the writer believes that its significance is not fully appreciated, either in practice or in the literature. When one considers the great prevalence of syphilis, both urban and rural, and considers that we possess absolute specifics against this infection, one is surprised that he does not oftener consider the possibility of lues in doubtful cases. In the seventeenth century, hepatic syphilis was described by Botalli, Petronius and Mercurialis, and later, more fully, by Bonet, Portal and Ricard; yet Dittrich, in 1849, first fully developed the topic.

Acquired syphilis of the liver exists in two main classic forms, the syphilitic cirrhosis and hepatic gummata. It is not the purpose of this paper to describe these well-known types, except so far as they may mimick other diseases, as hepatic cancer and abscess, gastric disease, gall-stones, typhoid, sepsis, cirrhosis of the liver and pylephlebitis.

1. Hepatic Gummata Resembling Cancer of the Liver.

This confusion is one of the oldest, and Oppolzer and Bochdalek mistook hepatic syphilis for cancer. (a) *Age* is no criterion, although it is commonly asserted that syphilis is prone to develop in those under 40 years of age, whereas cancer prevails largely after that year. In personal experience, syphilis is as common after, as before, the fortieth year, and it is not uncommon for gummata to form in the liver 20, 30 or 40 years after the initial chancre. (b) It is maintained that in syphilis, the *tumors* are generally smaller than in cancer, but gummata may so distend the liver that the organ occupies most of the abdominal cavity. In one very emaciated patient, an epigastric swelling, larger than the patient's head, subsided under mercury and iodides. The therapy was suggested by finding pupils of the Argyll-Robertson type. These luetic tumors generally develop more slowly than cancer, at least after they are once detected, and remain more stationary, and compression symptoms, as crowding of the enlarged liver upon the lungs and other parts, are more suggestive of cancer than of syphilis.

(c) The *edge of the liver* is rather

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smooth or its anterior surface, near the suspensory ligament and near its palpable edge, is lobulated by deep, radiating furrows resulting from cicatrization, and organization of the gummata.

(d) *Ascites and Icterus.*—Fournier and others have remarked that the absence of ascites is a rather safe criterion for syphilis as against, e. g., cancer, and this dictum doubtless holds for most cases, but cancer will be considered first in the minority of cases in which ascites is associated with icterus and emaciation, which later, in extreme instances, may suggest cachexia. The uncommon ascites results from syphilitic cirrhosis, from amyloid degeneration or, as a terminal event, from cardiac weakness. Syphilitic ascites is frequently combined with albuminuria.

(e) *Splenic enlargement* is exceptional and follows the compression of the portal vein by a gumma or follows amyloid degeneration of the spleen or gummata in its substance.

(f) *Pain.*—Pain on movement, pain in the right shoulder and tenderness over the liver almost invariably indicate perihepatitis, and therefore suggest syphilis. If the perihepatitis is recent, a friction rub may be heard over the liver; if it is old, adhesions to the colon or stomach and abolition of the respiratory excursion of the liver may result. Pain is important and conspicuous both in cancer and syphilis. In two cases in which large masses disappeared under specific treatment, paroxysmal pain was probably due to coincident, though poorly developed tabes. These observations are interesting in view of the fact that there is said to be a degree of antagonism between syphilis of the liver and the parasyphilitic nervous diseases, as tabes. Search for other evidences of syphilis and a history of venereal infection are important, but these considerations are purposely subordinated, as we must frequently diagnosticate or suspect syphilis in their absence.

(g) *Emaciation and Cachexia.*—In hepatic syphilis, emaciation may attain such an extreme degree of development that carcinomatous cachexia is diagnosticated without much hesitation. Clearly hepatic symptoms, such as tumors, ascites, icterus and enlarged liver, combined with anemia, emaciation and cachexia, which are probably due to metabolic disturbance, make differentiation impossible, except by the help of successful therapy by mercury and iodides. In a patient of Dr. Wm. E. Morgan, there was an enormous ascites and extreme emaciation; an operation disclosed a gummatous and lobulated liver, though previously carcinoma was almost certain. After the incision, specific remedies produced immediate and permanent recovery.

In just this group of cases, gastrointestinal symptoms may seem to indicate a primary cancer in the stomach or bowels. In one instance there were tenderness and pain in the pyloric region, vomiting, occult blood in the vomitus and feces, absence of free hydrochloric acid in the test-meal and cachexia; the presence of nodes in both lobes of the liver strengthened the probability of gastric cancer with secondary metastases in the liver. The history of venereal infection suggested the bare possibility of syphilis and sublimate hypodermics and iodides wrought a complete cure. Quincke (reference 3) describes an instance of dilatation of the stomach, due to gummata in the mesentery, which responded, rapidly and permanently, to iodides. Insomuch as gastrointestinal symptoms suggest a primary neoplasm in the alimentary tract, it is well to note Marcuse's observation that two-thirds of the patients with hepatic gummata exhibit early digestive disturbance.

2. Hepatic Gummata Resembling Abscess of the Liver.

Luetic liver symptoms, as pain, tenderness and enlargement, together with fever, chills and other septicemic manifestations, may closely resemble liver abscess. In a patient of Dr. Lesage, there was an exquisitely tender point in the epigastrium with a leucocytosis of 21,000, chills, fever reaching 102° or 103° over a period of nine months, and a loss of 40 pounds in weight. Under mercurial injections and iodide of potash internally, every symptom subsided in a week, never to recur. Trinkler, Lennhoff and Ebstein noted a pseudofluctuation which heightened the resemblance to liver abscess.

In many, possibly most personal cases, the leucocyte count did not run high, but in three instances it ran 21,000, 17,300 and 15,200. The fever may be most deceptive (reference 4) and will be considered under topic six.

3. Gummata of the Liver Simulating Tuberculosis, Typhoid, Septicopyemia, Malaria, etc.

In the absence of any localizing visceral, e. g., hepatic symptoms, fever alone may prove most deceptive. In one patient, seen with Dr. Black, the fever ran many weeks; blood cultures were negative, the Widal reaction was negative and, till the autopsy disclosed widely diffused gummata in the liver, typhoid, sepsis and meningitis were considered, but without any definite conclusion being reached. E. G. Janeway (reference 15) reported cases in which the fever simulated pulmonary tuberculosis, Baümler (reference 6) described cases suggesting tuberculosis and typhoid, and Mannaberg (reference 7) described an intermittent fever mistaken for malaria and septicemia, until antisyphilitic therapy dissipated all doubt.

4. Gummatous Hepatitis Resembling Gall-Stones.

Riedel (reference 1) particularly has drawn attention to an important group of cases, which simulate gall-stones, cholecystitis, and, if icterus is present, even resemble calculous obstruction of the common duct. Coincident temperature may obscure the diagnosis. In this type, the gall-bladder is never alone involved, but there is always coincident syphilis of the liver. Riedel reported several such cases and Trinkler (reference 2) found 13 reported operations, in which liver gummata were found instead of some other suspected surgical disease.

5. Syphilitic Cirrhosis Resembling Alcoholic Cirrhosis.

There is no absolute criterion for differentiation between syphilitic and portal cirrhosis. In syphilitic induration, the size of the liver is more commonly increased than decreased, even though the process is destructive rather than hyperplastic. The new-formed connective tissue follows the portal vein and its ramifications into the liver substance, the lobules of which are more invaded than in alcoholic cirrhosis. An obliterative endarteritis may augment the damage to the liver cells which degenerate and atrophy, particularly toward the anterior border of the liver. The surface of the liver is uneven with furrows or nodules and its edge is somewhat sharper than in the ordinary form of cirrhosis. Perihepatitis is common and results in various adhesions. Icterus occurs in one-third of the cases and the attendant enlargement of the spleen develops from stasis, toxemia or amyloid degeneration. Ascites is less common than in the alcoholic variety and develops later and is prone to recur after tapping. A longer clinical course and fairly good nutrition are said to be characteristic, but there are many exceptions. Two greatly re-

duced subjects, apparently suffering from advanced cirrhosis, recovered completely under iodides.

6. Syphilitic Pylephlebitis, with Exceptionally High and Protracted Fever, Chills and Emaciation.

The following case excited great interest. A young man, aged 25 years, entered Mercy Hospital September 13, 1908. His previous history was entirely negative. Four days before his entrance he developed a severe headache, fever, pains in the back and he felt weak. He vomited several times daily for four days. On examination, to avoid immaterial details, there was slight tenderness over the liver, a clearly palpable spleen and the abdominal wall was retracted. The Widal reaction, ophthalmo-reaction, blood cultures and examination for the plasmodia were negative and the leucocyte count ran 6,400, 11,400, 4,000, 6,400, 6,600, 6,400, etc. Epistaxis occurred repeatedly. The pulse ran between 54 and 108. The temperature for over one week oscillated between 98 and 105.2° with two severe rigors. Then came a week with nearly normal, normal, and even subnormal temperature. The following week there was fever not exceeding 102° and the week later the registration was normal or subnormal. The case baffled us and no diagnosis could be made. On October 8th, the patient complained of a sudden severe pain over the gall-bladder region and over night a very profuse effusion of fluid into the peritoneum developed. For three weeks there were almost daily rigors, sharp elevations of temperature to various heights, 104.4° being the maximum. From November 1st to November 16th the rigors and sweats persisted and the fever was of the pyemic type, the daily variation sometimes amounting to 8°. I then inclined to the idea that there was a suppurative pylephlebitis and Dr. Murphy confirmed my idea that the affection was not operable. For the next three weeks, although the fever and chills occurred only at intervals of two to four or five days, the ascites became enormous, vomiting was frequent and the patient became extremely prostrated and anemic. The suspicion of syphilis came into my mind, although there was no luetic history; mercurial injections and iodides internally in five days brought the temperature down and from December 3rd, 1908, to January 10th, 1909, there were but four rises of temperature. There was some delay in obtaining a Wassermann serum test; in January Dr. Adolph Gehrmann reported the test was not positive. Since then the patient has gained sixty pounds and has been in perfect health.

The recital of such a case report is, of course, open to criticism. The affection was clearly some severe infection and the most careful tests for its cause were negative. The brusque development of pain over the portal vein region, the sudden tenderness and massive ascites argue for pylephlebitis or some sudden compression of the portal vein. Naturally, a septic pylephlebitis would be considered first. After the possibility of syphilis was entertained, the very prompt response to mercury and iodides was most suggestive, if a diagnosis *ex juvantibus* is ever logical. Rosenbach and others have criticised diagnoses based only upon the results of therapy, but since Klemperer (reference 10) reported the cure of hepatic enlargement attended by chills and fever, some dozen similar cases have been described by trustworthy observers (reference 9 to 15).

The subject of fever in syphilis dates from Werlhof (1732), J. Frank (1821) and Yvarren (1854). Güntz in 1865 was the first to record syphilitic fever taken with the thermometer, and Baümler (reference 5 and 6) wrote upon the sub-

ject. Fever in hepatic syphilis was described by Frerichs and Gerhardt and within recent years Stauder, Mannaberg, Klemperer, Janeway and others have written convincing articles which have not attracted the attention they merit (references 7 to 15 inclusive). Some of these reports have been considered above under those types of syphilis simulating gall-stone, abscess, sepsis, etc.

In conclusion, the following points may be emphasized:

1. Acquired hepatic syphilis is commonly encountered in one of two classic types, (a) the syphilitic cirrhosis and (b) tumor-like nodes, gummatous hepatitis.

2. Aside from an accurate history or other clear stigmata of syphilis, gummata may precisely simulate hepatic cancer, even to the extent of characteristic cachexia.

3. Sepsis without definite visceral localization or a septicopyemic type resembling liver abscess may be mimicked exactly.

4. Fever, chills, sweats, leucocytosis and other toxemic phenomena may develop in hepatic syphilis, which then may masquerade as typhoid, malaria, tuberculosis or sepsis.

5. Gall-stones and cholecystitis may be closely simulated.

6. What is seemingly a suppurative pylephlebitis with intensely septicopyemic symptoms may be syphilis, a spirochete septicemia.

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DISCUSSION.

DR. W. F. BREAKEY, Ann Arbor: In acquired syphilic particularly, and that in early life the activity of this large gland must account in a large degree for the liver being the seat by preference of all the attacks of syphilis on the abdominal viscera. In all cases a thorough investigation should be made to determine the diagnosis. Many patients consult a physician with an obscure history or none at all; and even when a patient does not intend to deceive there may be abundant reason for suspecting syphilis. The period of latency is usually uncertain, and it may cover a considerable number of years, and while the physician may prescribe treatment as an aid to diagnosis, yet he is entirely justifiable in so doing when other measures have been followed and no clew results. If with the modern tests for syphilis the *Spirochæta pallida* is found, the way is clear, and there is no hesitation as to what to do. If the spirochetes are not found, and they often are not, and a longer period elapses during which the disease is suspected, in the absence of clear and definite physical signs by which we may determine carcinoma or nodular condi-

tions of the liver, it is right, in my opinion, to try antisyphilitic treatment. Our function as physicians is to treat this disease and to lessen it, if it is not possible for us to stamp it out. I do not see why it is not just as feasible to try to stamp out syphilis as tuberculosis. There is need for higher requirements by teaching bodies and examining boards on the subject of syphilis. We should encourage the study of this disease, and one essential thing is to disabuse the public mind of the disgrace of it, because so many patients who have the disease have acquired it innocently.

DR. ANDREW P. BIDDLE, Detroit: I wish to refer specifically to gummatous lesions, and would emphasize the point that time has no limits in the formation of gumma. While it is usually taught that gumma is a late appearing lesion, yet we know that a patient may have gumma in certain forms of destructive syphilis as early as the first few months. Another point is the relationship of syphilis to other obscure conditions. When we consider that the influence of syphilis is particularly on the blood-vessels and on the nervous system, we can easily see why there is such a variety of manifestations. We know how difficult it is, even when we see cancer on the face, to differentiate it from some of the lesions of syphilis, and it is no wonder that it is difficult sometimes to differentiate these lesions when they involve the internal organs. It is difficult with all the manifestations present to differentiate between cancer of the liver or simple gummatous formation of the liver.

DR. J. COLLINS JOHNSTON, Grand Rapids: As an illustration of the good results of what we may call the diagnostic use of syphilitic treatment in doubtful cases of the kind referred to by Dr. Edwards, I want to report briefly an interesting case in my own experience. A year-and-a-half ago I was called to see a man in a little town near Grand Rapids who had been ill for several months, the prominent symptoms being those of alcoholic cirrhosis of the liver. He had been in the hospital two or three weeks and had been seen by several physicians, all of whom diagnosed either cancer of the liver or alcoholic cirrhosis. He went to Ann Arbor and was sent home to die of alcoholic cirrhosis of the liver. I do not know what prompted me to think the case might be syphilitic. It was decided by the attending physician and myself that the man had no hope if the diagnosis already made was correct. He had been in bed several weeks. He had been tapped a number of times, large quantities of liquid being removed from the abdomen. We put him on hypodermics of mercury and iodids internally. Under this treatment he improved rapidly, and two or three months later appeared in my office. I have seen him several times during the last year and apparently he is absolutely well, but his liver still remains large. I would like to ask Dr. Edwards if in a case of hypertrophic cirrhosis or syphilitic cirrhosis the liver ever returns to its normal size.

DR. FRANK SMITHIES, Ann Arbor: Three cases have come under my notice recently, all of which gave the hemolytic test by the original Wassermann procedure. One case particularly had been diagnosed as pernicious anemia, on account of anemia and symptoms of cachexia; it had also been diagnosed as carcinoma. The patient vomited constantly, lost 60 pounds, and altogether was in a bad way. The Wassermann test revealed the absence of hemolysis. The patient, after having vigorous lavage, promptly stopped vomiting, and was put on combined treatment. I saw him recently and he has gained within two pounds of his gross weight, and feels well in every way. A patient seen last year had an epigastric tumor, but there were no marked gastric symptoms. The patient insisted on being operated on; a portion of the tumor was removed and was found to be a gumma of the liver. A third case showed a roundish tumor in the epigastrium, which appeared to be beyond the stomach. The stomach could be inflated and did not move the tumor, which did not have any relation to the large bowel. It had no relation apparently to the liver, yet on opening the abdomen it was found to be a large gumma that had a deep connection with the liver; it cleared up to a certain degree under the combined treatment. All these patients gave the Wassermann reaction by the original procedure. The first patient has not given such a prompt reaction since the beginning of the combined treatment.

DR. MORTON, Battle Creek: I would emphasize the fact that there is such a thing as luetic fever. In the last three or four years I have had three cases that puzzled me a great deal. These patients had been treated for tuberculosis. One of them had been kept on the usual dietetic and fresh air treatment for nearly three months, and kept a

regular temperature chart. He came under my care, and I could find nothing the matter with his lungs. I could not find any evidence of trouble in the respiratory tract. The man gave a history of having had syphilis seventeen years previously. I observed him for a few days, during which time the temperature ranged from 102 to 104 F. every afternoon, and in the morning it ranged from 99 to 100 F. I had read Janeway's article on luetic fever, and had also seen cases reported, and I tried the iodid treatment. In two days his temperature was normal, and two days later he had no further trouble. The other two patients behaved in the same way. It should be impressed on the minds of practitioners, therefore, that there is such a thing as luetic fever. In the cases mentioned, there was no enlargement of the liver, and I could find no abnormal condition of any of the organs of the body.

DR. W. M. DONALD, Detroit: Is it not a fact, borne out by autopsies, that hepatic syphilis in prenatal or postnatal life is of the interstitial type? Is it not a fact that hepatic syphilis in later life is almost entirely gummatous?

DR. ARTHUR R. EDWARDS, Chicago: It is true that interstitial hepatitis is more frequent in the hereditary than in the acquired type of syphilis; and the converse is true, although either form may be observed in either type of syphilis. As a rule, the liver remains larger afterward, although in some instances there is apparent recovery. In other instances the liver becomes smaller than normal. With regard to cases resembling pulmonary tuberculosis in the absence of any visceral findings, one cannot say in such instances that temperature of that variety is always due to syphilis of the liver. It may be due to syphilis of the bones, or to syphilis of any of the viscera. I think that the hypodermic method of treating these patients gives more rapid results than any other method of administering the mercury, although it is sometimes painful and some patients will not tolerate it.

Further Observations Upon Rigidity of the Chest Muscles as a Sign of Involvement of the Pulmonary Parenchyma.—Pottenger, of Monrovia, Cal., describes a new sign for the examination of the pulmonary tissues. By gentle pressure with the tips of the fingers over the intercostal spaces the experienced touch will detect a resistance of the muscles that overlie inflamed parts. This is a constant sign, as it affects the intercostal muscles. We can map out areas of infection and tell the nature of the infiltration as to degree. This is of great importance in pulmonary tuberculosis and of more value than percussion, since it allows us to recognize the acuteness of the process. Rigidity of the muscles is confined to the groups over the diseased points and organs. In acute inflammations it may be due to stimulation of the nerves, which causes tonic muscular contraction. Sooner or later these muscles undergo pathological changes which end in a permanent rigidity. Microscopic examination shows that they have undergone hyaline degeneration. muscles. We can map out areas of infection and and lagging of the respiration of one side. It is a very important sign in apical infection. Impeded or diminished respiratory murmur results from this muscle spasm. Ankylosis of the superior costal articulations also results. The author has detected muscle rigidity in every case of pulmonary tuberculosis since he began to use this sign.—*Medical Record,* October 23, 1909.

To differentiate a tender spot from a simulated pain, it will often be observed that pressure on the former causes a decided increase of pulse rate, while in simulation it does not.—*Am. J. Surg.*

SIMPLE REFRACTION FOR FAMILY PHYSICIANS; ITS PROMOTION DURING 1908-09*

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Detroit.

At its 1908 meeting the Michigan State Medical Society publicly initiated a movement "to qualify family physicians for the refractive work now in the hands of opticians." This paper aims to sketch briefly our progress. By some oversight, our medical colleges have rarely taught their students practical refraction, while they inoculated them with the idea, that good refractive work was possible only to a specialist. Meantime the science and art of refraction reached a high standard of perfection in the hands of specialists, working outside the colleges. Naturally this standard was impossible to the average student or family physician, and one adapted to their needs has not found its way into college curricula. The latter must be such that the student can master it without interfering with his other courses, and the family doctor practice, while caring for the other disorders of his patients. It will certainly include simple refraction, as thereby, with the aid of the ophthalmologist in complicated cases, the refractive needs of all the people will be fully met.

Opticians began the practice of refraction, because ophthalmologists were too few, too widely scattered, and too high-priced and the family doctors not only utterly ignorant of simple refractive work but afraid to attempt its mastery. Now by organization and business push, opticians so impressed the people to whom they prescribed and sold spectacles, that sixteen State Legislatures have granted them special rights, stolen from the medical acts, to practice that ophthalmology which family physicians should be doing. They showed the Legislatures that our system of medical education failed to provide physicians able to refract the people's eyes. Our movement aims to promote such training of the family physician that he with the ophthalmologist will be adequate to care for the refractive needs of the people, and so obviate the present necessity for optometrists.

The great obstacle to this movement is the widespread conviction that family physicians cannot master, much less practice, simple refraction. Yet it is in evidence that laymen have learned and do successfully practice this part of medicine; surely the physician's training should enable him to outstrip the laymen in this competitive race, and it would, if he made equal effort. Farther, the evidence is overwhelming that family physicians have mastered simple refraction and are now successfully practicing it in connection with their other work. In my possession are many letters establishing this fact. Time admits the reading of but two and these only in abstract.

The first letter is from Dr. Gerald Edmunds, of Honor, Mich., and dated May 2, 1909. He says: "I think it may interest you to know that, for some time, I have tried to fit myself for general practice. I graduated from the Chicago

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College of Physicians and Surgeons in 1892 and practiced in Chicago about eight years, when I located in this thriving little town. I used to have dreams of special practice as an "unlimited practitioner," but when I located in a small place I found my time so occupied that it was all I could do to make a better practitioner of myself. After reading your article on the "neglected patches" in the field of medical practice, I came to the conclusion that I had long neglected to fill the wants of my families, because I was not equipped to correct common defects of vision, and besides, my son was troubled with a simple refractive error which I was incompetent to correct. So I bought Theobald "On the Eye" and Parker on refraction (I already had Noyes) and spent my spare time in studying. I then bought from the Johnston Optical Company a small trial case and some test letters and went to work. I fitted my first case the latter part of November, 1908, and since have refracted about thirty-five moderately simple cases, without any effort to push this as a specialty—simply having the paraphernalia for refraction about the office brought this work. I had formerly referred such cases to persons at a distance, much to the inconvenience of my patient. After this experience I am satisfied that any physician, with a reasonable amount of push, can add to his income, in a legitimate way, quite a few dollars during the year and benefit the public a great deal.

I think most physicians dislike the idea of being general practitioners and feel that unless they at least claim a specialty the public will not think they amount to much. I am proud of being a general practitioner and think there is a great field for "specializing" along the line of "general practice." The profession of medicine is too vast to be grasped in all branches, in all details, by one mind."

The second letter is from Dr. W. C. Garvin, of Millington, Mich, and dated June 20, 1909.

Omitting personal matter, he says: "I am enclosing herewith the program of the last meeting of the Tuscola County Medical Society, at which Dr. Hays told his personal experience in refraction and the paper was very generally discussed. There are six physicians in Tuscola County now doing something along this line, and I think the traveling optometrists will find poor picking in this section in the future.

"Since Oct. 17, 1908, I have fitted eighteen people with glasses and think they have all been satisfied, even if I have not done every case to my own satisfaction. I learn something from each case I refract and unless I can improve the vision do not order glasses. Thus far I have found no case where I thought glasses were really needed, that I have been unable to relieve, but should I find such a case I will refer it to the most available specialist."

The family physician refractive work reported in these letters, and much more told in letters which time forbids reading, was stimulated by the unanimous passage by this society last year of the following preamble and resolutions offered by Leartus Connor and seconded by F. W. Robbins:

"Whereas, Michigan now has three classes of medical practitioners, viz., (1) the family physician, (2) specialist, (3) and remnants, as opticians, osteopaths, Christian Scientists, etc., etc. (all persons devoid of adequate training for the duties of the physician).

"Whereas, Among these remnants are the optometrists, who live on the cases of refractive defects neglected by the family doctor and without the specialist's field.

"Whereas, It is discreditable to the medical profession and harmful to the people that any part of medical practice

fall into the hands of unqualified persons;

"Whereas, It being a physical impossibility for the fully trained ophthalmologist to care for all this neglected class, it remains for the family doctor to qualify himself to recognize and treat the simple cases, seeking expert aid as emergency demands, if the medical profession is to occupy its entire field. Therefore be it

"Resolved, That the Councilors of the Michigan State Medical Society be directed to take this matter up in their several county societies and so educate their constituents that between the family physician and ophthalmologist the needs of the people be fairly and fully met.

"Resolved, That the Council request the Michigan State Board of Registration (1) to place among its requirements for a license to practice medicine, a practical demonstration by the applicant of his ability to recognize and treat the infectious diseases of the eye and the uveal tract; and (2) that it co-operate with our Legislative and Public Policy Committee in all practical efforts to prevent the enactment by the Michigan Legislature of a law giving opticians the legal right to practice ophthalmology in Michigan."

These resolutions were the outcome of a comprehensive study of the entire subject during the preparation of a paper on "Ophthalmology for General Practitioners," read before the American Academy of Ophthalmology and published in the *Jour. A. M. A.* Nov. 28, 1908. The facts of the paper were granted by the Academy, the action advised, approved, but regarded as impracticable. It was hoped that the resolutions would awaken the profession to study the situation, and induce some to qualify themselves to practice simple refraction; our letters show that these hopes were in some degree realized.

Further, the subject was taken up with individual members of the Michigan State Board of Registration, and on Feb. 12, 1909, the Secretary, Dr. B. D. Harison, sent the following letter to medical colleges:

"I am directed by the chairman of the Examination Committee, who has full charge of the matter under the resolution of the Board, that in the future, beginning with the next spring examination, all applicants for license will be required to demonstrate their fitness to do practical refraction work, in addition to the usual written paper upon diseases of the eye, ear, nose, and throat. The examination on this subject will be conducted by a specialist and will constitute an integral part of the examination, and failure to obtain fifty per cent of possible standing will subject the applicant to refusal of license."—It is reported that on receipt of this notice many colleges for the first time began to teach their students simple refraction. Efforts are being made to have other State Registration Boards follow Michigan's example, and it is confidently expected that in the near future all who enter the practice of medicine will be able to do simple refraction. This requirement is definite; fair to the applicant; helpful to the profession, and beneficial to the people.

Beside the paper already mentioned, the writer read others before the Wayne and Tuscola County Medical Societies and the American Academy of Medicine. He also published in the *Journal A. M. A.*, April 10, 1909, a letter giving in some detail, reasons why family doctors should be able to do simple refraction.—Dr. Alvin A. Hubbell, of Buffalo, N. Y., in his address as Chairman of the Ophthalmic Section, A. M. A., June, 1909, discussed the "Ophthalmic Qualifications of the Family Doctor and Specialist." The committee appointed by the Section to report on this address recommended the following:

1. "Every general practitioner should have the training in ophthalmology which will enable him to manage infectious diseases of the eye and its refractive defects. To obtain this qualification Medical Colleges should make such training obligatory and State Boards of Registration demand it as a condition for license.

2. "Every general practitioner, who desires to become an ophthalmologist, should add to his training a comprehensive study of ophthalmology; do experimental work in the laboratory; and personal clinical experience in hospital or private office. To ensure these qualifications, there should be appointed on each State Board of Registration, at least one ophthalmologist, to examine applicants for license to practice ophthalmology.

3. "If these recommendations be approved by the Section, it is urged that a committee of three be appointed by the chair to study the subject and report their findings of the detailed measures necessary to secure trained family physicians, adequate for the needs of all the people, when suffering from ocular disabilities."

The recommendations were unanimously adopted by the Section and the following committee appointed, viz., Leartus Connor, Detroit; James Thorington, Philadelphia, and Albert R. Baker, Cleveland. It will be noted that future ophthalmologists will be asked to have a general practitioner diploma supplemented by a comprehensive study of ophthalmology, including experimental laboratory work and clinical experience in hospital or private office, all to be demonstrated to the satisfaction of the ophthalmological member of the State Board of Registration. As this Section numbers over eleven hundred members the significance of its indorsement of our resolutions is apparent.

From evidence thus presented the proposition that "the family physician ought to be able to do simple refraction" has been approved by the Michigan State Medical Society, the American Academy of Ophthalmology and Oto-Laryngology, the American Academy of Medicine, the Section of Ophthalmology, A. M. A., and is required by the Michigan State Board of Registration as a condition for license to practice medicine.

By private letters, over signatures of their writers, it is shown that some family doctors have learned and successfully practiced the art of simple refraction. It were an insult to the other physicians in Michigan to suppose them inferior in this respect. Doubtless most are surfeited with practice, and do not care to make the attempt, but if they tried they would surely succeed. Possibly the new men who enter the field will make the older ones take notice as their patients leave them for the new doctor who can manage simple refraction.

At its meeting, June 14, 1909, the Tuscola County Medical Society listened to a paper by one of its family doctors on "Some Points on Refraction," which was generally discussed by his fellow-members, many of whom are earnest students of the subject. The same will occur in other counties, as a considerable number of their members master "simple refraction." Naturally this will lead to the mastery and discussion of other topics in general practice ophthalmology. This new line of society activity will augment the interest in and power of county societies, and so of the State Society. As has occurred in Tuscola County, the opticians will lose their ophthalmic practice in the same proportion that family physicians become qualified therefor.

It is much that the largest ophthalmological society in the world, the Oph-

thalmological Section of the A. M. A., has indorsed this movement, and has appointed a committee to encourage State Registration Boards to require a working knowledge of simple refraction as a condition for granting a license to practice medicine; and medical colleges to introduce it into their curricula. So far as I am aware this is the first special society to encourage the family doctor to advance his interests and that of his families by cultivating a neglected field allied to its own.

It counts for much that the Michigan State Board of Registration, in behalf of the people, demands a working knowledge of simple refraction as a condition for giving a license, because medical colleges must prepare their graduates therefor.

With results thus briefly sketched, gained during a single year, surely our Council will be encouraged to more active effort, in stimulating the members of their county societies (not surfeited with business) to master the technique of simple refraction.

All friends of the movement will be incited to greater activity and larger faith in its early triumph.

91 Lafayette Boulevard.

REPORTS OF CASES IN WHICH THE EXTRACT OF THE CORPUS LUTEUM HAS BEEN USED*

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(From the Resarch Laboratory of Parke, Davis & Co.)

Owing to the shortness of time at my disposal, it will be impossible to touch upon the theoretical and experimental sides of this question. Even a hasty resumé of the literature has been left out. To bring the most important part of the subject at once to your attention, I have thought it best to commence with a report of the cases in which the extract of the corpus luteum has been used.

Report of Clinical Cases.

Case No. 1. A patient of Dr. E. E. Shifferstine, of Tamaque, Pa., is 36 years old, married, nullipara. Her family, personal, and menstrual history is negative. On March 12, 1908, she was operated upon and both tubes, ovaries, and the uterus removed. About three weeks after the operation, the patient began to experience flashes of heat, insomnia, severe nervousness, and pain in the small of her back. The symptoms were increased at the time when her menses should appear. In other words, she has a regular monthly exacerbation of these symptoms. Treatment was commenced with Ext. Corp. Lutea, gr. V, t. i. d. The symptoms at once disappeared and the patient has been much improved. She has had only a slight return of the symptoms, which yield readily to treatment with the extract. A later report of this case (Sept. 15, 1909) from the physician states that the pa-

*Read before the Michigan State Medical Society, Kalamazoo meeting, Sept. 15 and 16, 1909.

tient has gained in weight, that her symptoms have almost disappeared and that she is better in every way. She stopped treatment two months ago.

Case No. 2. A patient of Dr. F. E. McClure gives the following history. She is 47 years of age, Para IV, and with the exception that one sister and one brother died of tuberculosis, her family history is negative. For the past five years she has suffered with enlarged thyroid and all the attending symptoms. Her menstrual history is negative. On November 3, 1908, she was operated upon, when a partial thyroidectomy was done. On November 14, 1908, the appendix and a cyst of the right ovary were removed. Both ovaries were found to be small and atrophic. Since the latter operation, the patient suffered with flashes of heat and cold, insomnia, extreme nervousness, etc., all indicative of physiological menopause. On April 3, 1909, treatment was commenced with Ext. Corp. Lutea, gr. V, t. i. d. The patient reported almost immediate relief and on April 14, 1909, she was given Ovarian Residue, gr. V, t. i. d., with no return of the symptoms. On April 20th to May 1st, 1909, neither was given. The patient noticed a slight return of the symptoms on May 3, 1909. Ext. Corp. Lutea again given, gr. V, t. i. d., and immediate relief obtained. A later report (Sept. 6, 1909), from the physician states that this patient considers herself entirely well. The extreme nervousness, together with the other troublesome disturbances of the menopause, has entirely disappeared. She has not taken the extract nor any other medicine since May 15, 1909.

Case No. 3. Also a patient of Dr. F. E. McClure. This patient is 48 years of age, married, Para IV, with a negative family history. The patient began to fail mentally 15 years ago and four years ago was operated upon, when both ovaries, tubes and the uterus were removed. The maniacal symptoms were not lessened, but in addition she had all the symptoms of passing through the menopause, only that these symptoms were markedly increased. On September 15, 1908, the patient was given Ext. Corp. Lutea, gr. V, t. i. d., in addition to the usual treatment instituted in these cases. The patient was kept on the extract until March 1, 1909, and is at present (May 1), free from the symptoms incident to the menopause. Her mental condition is also much improved. The physician, under date of Sept. 6, 1909, writes that this patient is doing remarkably well. "She has taken none of the extract, nor any other medical treatment since March 1, 1909. She is in full charge of her household, goes about with her husband socially and her husband insists that she is better than she has been for over fifteen years. Once in a while she will begin in the old way, but will at once go away by herself for about five minutes and when she returns she has regained her self-control. At such times she has been very carefully, but secretly watched, to see if her self-control was the result of her taking any drug or stimulant, but no evidence of that has been discovered. She simply walks about the room and suddenly will throw up her head and straighten out her shoulders, smile and then return to her family. Considering her former state, they are a very happy family and while strict analysis of the values of the different methods used in her treatment are to me impossible, I, personally am inclined to believe that the ovarian extract, and particularly the follicular extract, had a very large part in the improvement."

Case No. 4. A patient of Dr. G. E. Chene. She is 41 years old, widow, Para II, with a negative family and menstrual history. She was well up to three years ago, when she began to have symptoms indicative of the physiologic

menopause. These symptoms, such as severe insomnia, various paresthesias, occipital headache, etc., have increased each year. She was given Ext. Corp. Lutea, gr. X, t. i. d. The symptoms were at once relieved. A later report (Sept. 13, 1909) received from the physician in charge of this case, states that the patient is much better while taking the extract. When treatment is stopped, she notices a return of the nervous disturbance, which yields rapidly to a renewal of the treatment.

Case No. 5. A patient of Dr. T. A. McGraw, Jr. She is 36 years old, Para II, one abortion at three months nine years ago. Family and menstrual history negative. Eight years ago one ovary (right) was removed. On November 30, 1908, she had an appendectomy, supra-vaginal hysterectomy and resection of the left ovary. A very small piece of the left ovary, apparently healthy, was left in situ. About two and a half months later the patient began to suffer greatly from hot flashes, pain in the back, severe insomnia, extreme nervousness, etc. On February 20, 1909, she was given Ext. Corp. Lutea, gr. V, t. i. d. On February 27, 1909, the treatment was stopped and all the symptoms, which had disappeared under treatment, returned. She was immediately put on the treatment again and the symptoms again disappeared. On March 10, 1909, unbeknown to the patient, she was given Ovarian Residue, gr. V, t. i. d. On March 25th she reported that all the old symptoms had returned and that the medicine seemed to do her no good. She was at once given capsules of Ext. Corp. Lutea, gr. V, t. i. d. This was a dispensary case and she has passed from under the doctor's supervision so that no later report was obtainable.

Case No. 6. Also a patient of Dr. T. A. McGraw, Jr. She is 22 years old, married, Para I. Family and menstrual history negative. On January 2, 1909, a double salpingo-oöphorectomy was performed. Seven weeks after the operation the patient complained of hot flashes and slight nervousness. Given Ext. Corp. Lutea, gr. V, t. i. d. In three weeks she noticed an improvement. One month later she reported that she has been without the capsules for two weeks and that the hot flashes and nervous symptoms had returned. She was given the Ovarian Residue, gr. V, t. i. d. Returned in a week suffering from hot flashes, etc. Treatment with Ext. Corp. Lutea again started. Also a dispensary case and no later report could be obtained, as the patient did not return to the clinic.

Case No. 7. An inmate of the Eastern Michigan Asylum is 39 years of age, single, nullipara. Her mother died in the asylum and the patient has been inclined to brood over her condition. Menstrual history practically negative. Some slight attacks of pain in the right inguinal region are the only symptoms. On April 1, 1907, the patient was operated on and both ovaries removed. Soon after, she suffered with flashes of heat and cold, insomnia, pain in the abdomen and lower extremities. On April 24, she was given gr. V, Extract Corpora Lutea, t. i. d. The patient has had less soreness in abdomen, less nervousness, able to sit quietly for longer periods, has an improved appetite, in short, there has been a general improvement. The medical superintendent at the asylum under date of Sept. 6, 1909, writes: "There is little variation in this case. She thinks she is more comfortable while taking this treatment, though she still complains of bodily ailments. We are unable to interest her in matters outside her own physical condition."

Case No. 8. Also an inmate of the Eastern Michigan Asylum, is 28 years of age, married Para V, one abortion at two months, three years ago. One

brother insane, otherwise family history is negative. The patient a Russian, was married at the age of 20. Menstrual history negative. Four years ago the patient was operated upon, when, as she says, a double oöphorectomy was performed. Since then she has suffered with occasional flashes of heat, frequent flashes of cold, slight attacks of insomnia, and with little or no pain. On April 28, 1909, the patient was given Ext. Corp. Lutea, gr. V, t. i. d., which treatment she is still taking (May 1, 1909). The physician at the asylum reports that the patient at present feels stronger, says the flashes of heat and cold are less frequent and that she feels more cheerful and better in every way. A later report (Sept. 6, 1909) states that this patient has at last refused to take capsules of Ext. Corp Lutea. A few days later she was removed from the institution by her husband.

Case No. 9. A patient of Dr. H. M. Leach, of Saginaw, is married, a nullipara, with a negative family, personal, and menstrual history. Two and one-half years ago she was operated upon, when the appendix and both ovaries were removed. The patient soon began to suffer with flashes of heat, flashes of cold, insomnia, extreme nervousness and pain in the epigastrium. She was given Ext. Corp Lutea, gr. V, t. i. d., for two weeks, when she became nauseated and vomited one-half hour after taking the capsule. She stopped taking them and the nausea and vomiting disappeared. The treatment was stopped for a week, when a smaller dose was tried, but the nausea returned so that the treatment was stopped altogether. The doctor reports that the patient's nervous condition was much improved, hot flashes were less frequent and the patient said she felt much better while taking the capsules.

Case No. 10. A patient of Dr. T. A. McGraw, Jr., is 37 years old, single, nullipara, with a negative family history. The patient states that ever since puberty she has suffered with a severe lancinating pain in the region of the right ovary. She has never had a vaginal discharge, no menorrhagia, backache, nor constipation. On January 2, 1908, she was operated upon, when a supra-vaginal hysterectomy and a salpingo-oöphorectomy bilateralis were performed. Soon after the operation the patient began to experience flashes of heat, flashes of cold, insomnia and extreme nervousness. Also suffered from cold sweats at night. She was given Ext. Corp. Lutea, gr. V, t. i. d. Almost immediate relief was obtained. There was an immediate disappearance of the flashes of heat and cold, the insomnia, the extreme nervousness and the cold sweats at night. In fact, she is better in every way. After taking the capsules for five weeks she exhausted her supply and in the few days that she did not take them, she felt the symptoms return, though not so marked as before. A renewal of the treatment caused these distressing symptoms to disappear. This patient is still under treatment.

Case No. 11. A patient of Dr. B. R. Schenck is 32 years old, married, nullipara, with a negative family history. The patient reports that she had spinal meningitis at 6 years, some lung trouble at 14 and later at the 19th year. She began to menstruate at 14, has always been irregular, with a scanty discharge lasting usually one day. On April 14, 1909, a hystero-myomectomy and double oöphorectomy were performed. Since the operation, the patient has suffered with flashes of heat, moderate in number and severity. She was given Ext. Corp. Lutea, gr. V, t. i. d., with the result that it kept down the number and severity of the flashes. It must be remembered that the menstrual function was not active before operation. The ovaries were found at the time of operation to be small and sclerotic.

Case No. 12. An inmate of St. Joseph's Retreat at Dearborn, is 27 years old, single, nullipara. Her family history discloses that her father died from alcoholism and that her mother is tuberculous and seems to have suffered a mild recurrent psychosis. The patient has apparently been well up to three years ago, when she began to suffer from various phobias. One year later she developed a hysterical aphonia, which is now complete. In February, 1906, she had a double oöphorectomy. Later she developed occasional flashes of heat, frequent flashes of cold, insomnia, and has been extremely nervous. On May 16, 1909, she was given Ext. Corp. Lutea, gr. V, t. i. d. This was continued up to June 8, 1909. After a short interim, the treatment was continued for three weeks in July. On Aug. 25th the dose was increased to ten grains t. i. d. The physician in charge reports as follows: "The patient seems now to occupy herself, is much more hopeful and takes an interest in her surroundings. Walks and moves with less effort and is beginning to make efforts to talk."

Case No. 13. Also an inmate of St. Joseph's Retreat at Dearborn, is 35 years of age, single and a nullipara. Her family history unsatisfactory, but apparently negative. The patient was well until her 19th year, when she had an attack of nervous prostration, from which she never fully recovered. Became delirious in October, 1905, and was admitted to the insane hospital July, 1906. At present she is suffering with dementia paranoides. In December, 1905, a double oöphorectomy was performed. Since then she has suffered with occasional hot and cold flashes. Has complained bitterly of extreme nervousness, and of vague pains in the abdomen. She was given Ext. Corp. Lutea, gr. V, t i. d., on May 16, 1909. This was kept up until June 23, 1909. Continued three weeks in July and in August, 1909, the dose was increased to gr. X, t. i. d. The physician reports that "the patient is much brighter mentally, occupies herself without urging and intelligently. Takes an interest in her surroundings and said once that she felt as though she were unwell. She fell back to original state immediately the drug was stopped and did not improve when the extract was recommenced. However, she became much brighter immediately the dose was doubled, and has shown consistent improvement up to the present time."

Case No. 14. A patient of Dr. A. W. Blain is 34 years old, married, Para VI, with a negative family, personal and menstrual history. In December, 1907, a double salpingo-oöphorectomy was performed. Several months later symptoms of artificial menopause developed. These gradually increased in severity until February, 1909, when the patient was suffering with marked insomnia, flashes of heat and extreme nervousness and was becoming highly despondent. Treatment with Ext. Corp. Lutea, gr. V, t. i. d., was started with almost immediate improvement. The treatment was continued with slight interruptions until August 15, 1909. The patient has increased in weight and a most marked improvement has occurred in her mental state.

Case No. 15. Also a patient of Dr. A. W. Blain, is 38 years of age, married, Para IV, with a negative family and menstrual history. The patient states that she received a gonorrheal infection from her husband that necessitated a laporatomy eighteen months later (December, 1907). Both tubes, the right ovary, and the appendix were removed and the left ovary resected at this time. The patient made a good recovery and menstruated normally until March, 1909, when her menses stopped. In July, 1909, the usual disturbances of

the menopause appeared. Treatment with Ext. Corp. Lutea, gr. V, t. i. d., was started with almost immediate improvement and soon the distressing symptoms disappeared. The treatment was stopped, but a slight return of the disturbances a few weeks later necessitated a renewal which caused them to again disappear. The patient has experienced no return now for several weeks.

Case No. 16. Another patient of Dr. A. W. Blain. She is 41 years old, married, Para IX, with a negative family, personal and menstrual history. Her menses diminished gradually and have been absent since April, 1909. In August, 1909, the usual disturbances of the menopause appeared. She was given Ext. Corp. Lutea, gr. V, t. i. d. The disturbances were very much modified, but not entirely relieved. She is able, however, to do her housework, which was impossible before treatment was instituted.

Case No. 17. A patient of Dr. A. W. Blain, is 49 years old, married, Para I, has never menstruated regularly. Her menses ceased and the usual disturbances incident to the change of life developed last spring. Treatment with Ext. Corp. Lutea was begun in July. There was no improvement in this case.

Case No. 18. Also one of Dr. A. W. Blain's patients. She is 44 years of age, married, Para II, and has always suffered with pelvic and menstrual disorders. In March, 1909, the menopause was ushered in with the usual annoying disturbances. Treatment was commenced on May 18, 1909, by giving Ext. Corp. Lutea, gr. V, t. i. d. Considerable improvement followed, the cold flashes disappeared, but the patient did not improve much mentally. She has not been seen since last June.

A hasty resumé of the above 18 cases will show that 14 suffered from disturbances of operative or artificial, and four from those of natural or physiologic menopause. Of these 18 cases, 5 were cured, 12 were improved and one obtained no relief. Included in the 12 cases that were improved are grouped those still under treatment. A few of these latter may be permanently cured. While the results obtained in so small a group of cases do not warrant the drawing of any definite conclusions, still the results are favorable enough to justify a continuance of the treatment in other cases, where there is a disturbance incident to artificial or physiologic menopause. If any of you present have a case or cases which you deem favorable for treatment with ovarian extract or extract of the corpus luteum, it will be supplied you. It is only from a large number of cases that accurate and definite conclusions can be drawn.

202 Fine Arts Building.

Operation for cancer of the stomach after the diagnosis has been made by the presence of a palpable tumor can not be hoped to be curative. The hopeful cases are those in which diagnosis is made through an exploratory opening which may be made under cocaine and only large enough to admit the finger.—*Am. J. Surg.*

Remember that a syphilitic mucous patch comes quickly, not slowly; it is soft, not indurated; it remains but a short time, not persistently; it is preceded or followed by other mucous patches, and it is apt to be associated with other signs of syphilis.—*Am. J. Surg.*

THE PRESENT STATUS OF STOMACH LAVAGE*

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For many years emetics were employed for the removal of the contents of the stomach, but of late, lavage has come into current use. For the idea of washing out the stomach we are indebted to Kussmaul, of Heidelberg. His results proved so fruitful that this new therapeutic measure was soon adopted by the medical profession, and for several years it has been the favorite treatment in gastric affections.

The practitioner was at once won over by the simplicity of lavage, for the stomach is a receptacle which may be washed out as often as desired, and can easily be kept clean. From knowledge of the fact that when food stagnates and ferments in the stomach, the patient experiences marked improvement after this treatment, the conviction has gained ground that it is the best means for treating all affections of the stomach, whatever their cause or nature may be. Practitioners ceased to trouble themselves about differential diagnoses, and applied lavage of the stomach in every case of digestive disorder. As is usually the case when a new and apparently successful therapeutic agent is in fashion, it was used indiscriminately. For thirty years there were no precise rules for guidance in this treatment. However, the reaction has now set in, and many modern authors point out the ill effects to which the abuse of this treatment gives rise, and define its indications and counterindications. If the physiology of gastric function had been better known, probably these indications could have been established more readily. But during the period referred to, which extended from 1870 to 1895, nothing but the chemic action of the gastric juice received attention. Lavage of the stomach seemed to be the best means for modifying and counteracting functional changes. Only when it was learned that the mechanical function played the principal rôle in digestion, could the indications for irrigation be more precisely determined.

As an example, I may cite the case of a patient whose pylorus was occluded by cicatrices of an ulcer, and from whose stomach we sometimes removed one or two quarts of very acid contents. If a stomach of this description is emptied and washed, the patient feels considerable improvement and it would appear that methodically continued irrigation would ultimately cure him. Of course, we know that this is misleading. The stomach continues to retain the ingested food, because the pylorus is occluded and will not open except by surgical intervention. And yet it was for cases like this that the illusive hopes of cure by lavage were entertained.

The idea should have suggested itself that lavage of the stomach is a procedure opposed to nature, because it interferes with the normal course of the food; the chyme prepared in the stomach ought to pass through the pylorus in order to undergo transformation in the intestine so as to be absorbed. Serviceable stomach lavage should drive

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the contents of the stomach into the duodenum as rapidly and completely as possible, for this is its natural channel; whereas in the case of a pyloric stenosis the digestive work of the stomach is not only retarded but the stomach cannot empty itself. Even if the pylorus is patulous, too long continued irrigation may cause an exhaustion of the gastric juice and tend to dechloridize the blood serum. These considerations demand caution in the employment of lavage of the stomach.

We have often seen how enormous quantities of water were introduced, even up to the maximum the stomach could endure. This brutal manner of washing the stomach is totally opposed to the physiology of deglutition which we ought to take into consideration in the application of lavage. It may require years for such an over-distended stomach to regain its normal tonicity. The practitioner endeavoring to give relief to his patients suffering from diseases of the stomach has made it a routine practice to wash out the stomach. There is no question in my mind but that this is conducive to a great deal of harm. Many patients are placed in a condition from which they never make a recovery and, if they recover it is usually only after a long and tedious time. When the musculature of the stomach is weakened and relaxed, we have a condition known as atony of the stomach. Atony of the stomach is a condition which accompanies many diseases. It is found in many patients who have been reduced in strength. We find it in diseases of the lung, heart, liver, kidney, besides in the diseases of the digestive organs. Where the stomach is relaxed, there is usually an atrophy and fatty degeneration of some of the muscle fibres, and the introduction of water may lead to a dilatation. Just as soon as the muscle fibre of the stomach is distended by the water, the motor function is temporarily retarded, and the stomach does not empty its contents into the intestine. Food, eaten while the stomach is in this condition, stretches the stomach by its weight, interferes with motility, and thus prevents the muscle from retaining its normal elasticity. So an atonic condition difficult to overcome is brought about. The muscle layers become thin and the muscularis is reduced to isolated bunches of muscle fibres, a condition which leads to dilatation.

Let us now examine the manner in which nature empties the stomach by vomiting. Aside from those cases where it is produced by reflex action, vomiting occurs, in the majority of intoxications, either by direct irritation of the gastric mucous membrane or more particularly by irritation of the vomiting center in the medulla. Any obstacle which interferes with the free passage of the food in any given part of the alimentary tract may produce vomiting. In cases of poisoning the poison is in part eliminated through the gastric juice, regardless of the way in which it was administered. Nearly one-half the quantity of morphin injected subcutaneously is found in the stomach as early as half an hour after injections, and the same effect may be observed with many organic or inorganic toxic substances. In uremic patients a strongly ammoniacal fluid is present in the stomach, the composition of it being similar to that of urine, and vomiting is of constant occurrence. Urea is often eliminated through the stomach. Vomiting is, therefore, a measure of defense against intoxications on the part of the organism, and shows that we can considerably assist nature by lavage of the stomach. Experience has, therefore, taught us the great usefulness of lavage in most cases of intoxication and auto-intoxication. It is of great benefit in the vomiting of pa-

tients suffering from uremia and eclampsia, and in urinary intoxications generally.

In gastric retention, owing to a stenosis of the pylorus, the stomach becomes very tolerant, and some patients do not eject the contents of the stomach more than once in twenty-four hours. In these cases lavage of the stomach is merely of temporary and transient value, the only logical intervention being surgical.

It will be seen, therefore, that the only serious indication for lavage of the stomach is in intoxications, or in cases where it is desirable to rapidly empty and cleanse the stomach. It will be most frequently employed as a symptomatic procedure, which, while acting as an adjuvant to the general treatment, has no curative action of its own. In treating certain affections of the stomach I rarely employ lavage. Occasionally the mere mention of the washing out of the stomach with a long tube has a beneficial effect on nervous patients. Sometimes the mere threat of employing this treatment is sufficient to cause a goodly number of the symptoms to disappear, such as anorexia, eructions, vomiting, etc.

Are there cases in which for diagnostic purposes the introduction of a soft rubber tube into the stomach should be avoided? Most, if not all authors, object to the employment of this measure in the presence of ulcerative conditions of the gastric mucosa, and more particularly where there is hemorrhage. Boas considers it even necessary to allow after hemorrhage three or four weeks to elapse before irrigation may be recommenced. The other contraindications are cardiac affections, aneurysm of the aorta, advanced arteriosclerosis, cachexia, old age, pregnancy, etc. In some cases I do not even see the necessity of examining the stomach contents, for instance, in the presence of a mitral insufficiency, when we know that the dyspepsia in these patients is due to functional insufficiency of the circulatory apparatus, causing a venous engorgement in the gastric mucosa. We know that digitalis or strophanthus has a better curative effect in such cases. The rational employment of a stomach tube for a distinct purpose must be left to the discretion of the physician who must weigh in each individual case the advantages against the disadvantages.

I have used the stomach tube for diagnostic purposes in old people, without feeling uneasy about the theoretical contraindications enumerated with much detail in the text books; but in each case I have given due weight to the question whether the procedure was one of absolute necessity.

Now, what is usually done when a stomach is being washed out? Even the most conservative are not afraid of introducing quantities varying from a pint to a quart of water, and more, in one injection. This practice is not to be commended, for it is frequently followed by a sagging and dilatation of the organ it was intended to cure. Therefore, if we are to wash the stomach, let us imitate nature and introduce frequent, but small quantities for irrigation purposes; generally speaking, a few ounces in one application, and this quantity may be abruptly poured in without causing any alarming reaction. After each injection the attempt is made to empty the stomach, by requesting the patient to bear down with his abdominal muscles, at the same time holding his breath and closing the glottis. In this way the stomach can be emptied and completely cleansed in four or five applications, even when there is considerable retention.

In order to effect the emptying of the stomach, as soon as sufficient fluid has passed into the stomach, it is recommended that the funnel be lowered, thus

creating a syphon action. The majority of authors declare that it is the syphon action which empties the stomach, but the stomach cannot empty itself by the mere action of the column of water that remains in the rubber tube. The flow of the fluid can take place only when aided by the pressure of the abdominal muscles, the diaphragm and the stomach itself. For this reason it is not necessary to lower the funnel as in true syphonage, but simply to detach the glass joint connecting the rubber tube, and to allow the fluid to escape from the free end of the stomach tube. It is, therefore, unnecessary to fill the stomach with one or five pints of water in order to effect a complete cleansing. And yet some modern text books recommend these large quantities of water, which, in our opinion, are unnecessary and do more harm than good.

You will have observed from what we have said that aside from intoxications where irrigation of the stomach may effect a cure, it may also be usefully employed in stenosis of the pylorus, pending surgical intervention. Where there is no question of intoxication or of more or less complete occlusion of the pylorus, we have a method of auto-lavage, without the use of the stomach tube, which gives very good results. But in order to be quite successful, a fair portion of the pylorus should still be in properly functionating and elastic condition. This condition is present in a large percentage of patients who complain of indigestion from relatively unimportant causes. Such patients are very numerous. They ingest food and beverages in excess and become sooner or later candidates for nephritis, hepatitis, arteriosclerosis, rheumatism, etc.; and in the course of their carousals they are obliged to invoke the aid of a physician to relieve their fatigued organs. Autolavage is a form of stomach irrigation, which has been called physiologic in order to distinguish it from the kind we have spoken of before; for here the use of the stomach tube is not necessary. It is sufficient that the patient drink four to eight ounces of the irrigation fluid and then lie down on his abdomen supported on a somewhat hard resisting surface, across the bed or on the floor. In this position let him breathe as deeply as possible. Fifteen to twenty deep respirations are sufficient to drive the contents of the stomach through the pylorus. This procedure may be repeated as often as necessary. As a rule, the patient may rest on the abdomen for five minutes, taking from time to time a number of deep respirations. It has been proved that in this way the stomach may be cleansed quite as effectively as by the introduction of the stomach tube, provided always that the pylorus is not occluded. This method has a considerable advantage over the other, for by it the nourishment, as prepared by the stomach, is not lost and follows the physiologic path. Besides, the patient will submit much more readily to it than to the manipulation of the stomach tube. In order to obtain the maximum effect from this method of auto--lavage, we must strive by all means at our command to free the pylorus from all obstacles that interfere with its proper function. This is partly achieved by administering the fluid lukewarm.

We know that hydrochloric acid, especially if it exceeds the physiologic concentration, has the effect of contracting the pylorus more energetically, producing a spasm. When this acid is found in excess, it should be neutralized as much as possible by means of a suitable alkaline solution. Bicarbonate of soda, for instance, should never be given in a more concentrated solution than 1:100. This solution is administered in doses of from six to eight ounces, and the procedure is as we have

just described. The alkaline solution favors intestinal digestion which requires a slightly alkaline medium to reach the maximum intensity.

The question which is frequently asked as to what is the proper time for irrigation of the stomach is easily answered; it depends on the composition and quantity of the last meal the patient has ingested. Thus, we know that a mid-day meal, consisting of normal quantities of meat, farinaceous or vegetable food, bread and fruit, will have been digested and will almost entirely have left the stomach in about six hours. If by that time the stomach is not emptied, the methods described may be proceeded with. By autolavage the organism is not deprived of a particle of the ingested food, nor the stomach of its digestive juice. Therefore, autolavage may be applied two or three hours after a light breakfast, four or five hours after the midday meal or evening meal, and sometimes also in the morning before breakfast. In this way the stomach will be effectively cleansed after each period of digestive work.

Discussion

E. L. Eggleston, Battle Creek, said that he seldom uses the stomach tube except for diagnosis. Continued lavage in cicatricial stenosis of the pylorus does no good and allows the patient to lose in strength and weight until the favorable time for operation has passed. Numerous atonic conditions of the stomach, secondary to a more general disorder, are relieved by lavage, and this procedure is permissible in connection with other measures designed to cure the general disorder. He has not been successful with auto-lavage, because he has found that many patients overdid it and accomplished more harm than god. Patients with gastric atony, who can eat only two meals a day, are sometimes afflicted with distress and restlessness at night, owing to the residue still in the stomach; in such cases it is good practice to withdraw the contents before retiring. Nausea is also a good guide to the use of the tube.

Frank Smithies, Ann Arbor, did not agree with Dr. Aaron that large quantities of fluid in lavage were harmful. In an extensive use of the tube he has found that large amounts may be necessary, and can be used with advantage, provided that the natural limit of capacity be observed, and the fluid not allowed to remain. It is a common experience to find that small quantities of fluid only partially cleanse the stomach, especially in hour-glass and dilated stomachs, and that important diagnostic material may not be drawn from the cavity. Lavage as a therapeutic measure should not be used until an absolute diagnosis reveals whether or not it is indicated. Auto-lavage has not been successful in his hands.

B. A. Shepard, Plainwell: I want to emphasize the point brought out with regard to the use of the stomach pump in neurotic cases. It is sometimes amusing to see the mental effect of leaving a stomach pump in the room. I have known of several patients who had had excessive vomiting for several weeks having been cured simply by the physician exhibiting the stomach pump in the sick-room; or by washing out the stomach of neurotics when the stomach was involved. Auto-lavage is important. Its effects are the stimulation of the musculature of the stomach forcing the contents into the bowel.

Johann Flinterman, Detroit: Many cases of dilatation of the stomach after surgical operations can be relieved by lavage. I have applied it in cases of ileum, in which there was fecal vomiting, and in which after the application of the stomach tube relief was afforded. Again, the symptoms of strangulation in cases of hernia are sometimes relieved by lavage. It is a valuable remedy in actual dilatation of the stomach, as well as in cases of strangulated hernia or intestinal incarceration, or obstruction in which operation is sometimes refused.

Charles D. Aaron, Detroit: If a patient, who has stenosis of the pylorus and is not improving but constantly losing weight, is not referred to a surgeon for operation, we are likely to lose him. I cannot agree with Doctor Smithies in using large quantities of water in cases of dilatation of the stomach. In dilatation the stom-

ach is so stretched that there is an atrophy and fatty degeneration of some of the muscle fibers. Large quantities of water introduced at this time increase the dilatation and may so overstretch the musculature that it will do a great deal of harm. In these cases one will usually find a pint or more fluid in the stomach to begin with. After this has been removed six to eight ounces of water at a time have been found to be amply sufficient. Doctor Flinterman's remarks on acute dilatation are well taken. It is the only method we have of bringing about recovery in cases of acute dilatation of the stomach following operations. Even then there is a transudation of liquid elements from the blood into the stomach and it is necessary at first to remove this liquid before washing out the stomach.

DANGER IN "INTERVAL" APPENDECTOMIES*

W. H. HAUGHEY, M.D.,
Battle Creek

Late in December Miss M., yet in her teens, suffered an attack of appendicitis. After about three weeks I saw her in consultation. The acute symptoms had subsided. Some elevation of temperature remained. Pulse accelerated. A well-defined, large, painful bunch completely filled the right iliac fossa. Patient up, dressed, and around the house. A short time later a change was made in medical attendant and I saw her no more until April following. She was then apparently well. Walked and rode out; was cheerful and happy.

She came to the hospital, walked to her room and visited around the halls with her acquaintances; went unaided to the preparation room; and the next day came to the operating table where an interval appendectomy was done. The tumor in the iliac fossa was still palpable.

Much difficulty was experienced and considerable time consumed in locating the appendix and separating it from the surrounding adhesions. Within thirty-six hours evidence of septicemia began to appear. In about one week she was dead.

Case No. 2. About one year later Miss C., also in her teens, underwent an interval appendectomy, followed in a few days by death. I never saw this case professionally and do not know the history. I believe, however, that she had been out some days before the operation was done.

The interval is universally recommended as the safest and best time for operation. But is it? In acute recurrent catarrhal appendicitis without rupture and with little or no extension of infection beyond the appendix, the interval operation is sage and simple. In other forms where rupture has taken place and infection has gone beyond the walls of the appendix, but where adhesions and protective defenses have circumscribed and kept the infection within an area compatible with life, and the period known as the interval has arrived, the question of operation at that time should receive far more careful consideration than I fear has always been accorded to it. If the operation is done while there is yet, within the area circumscribed by adhesions and defenses,

*Read before the Michigan State Medical Society, Kalamazoo meeting, Sept. 15 and 16, 1909.

virulent active germs and toxins, there is great danger that some may be liberated and by means of the slight endothelial abrasions and trauma incident to the operation find access to the general circulation in sufficient numbers or quantities to set up a general septicemia from which death in a few days, will follow.

When the leucocytes and serums have fought the battle and securely imprisoned within impregnable walls an enemy they could not destroy, they have effectually secured the system against further attack from the enemy; their services are now no longer required; they are therefore withdrawn from the scene of conflict, discharged, and mustered out.

If meddlesome surgery now liberates the prisoners, they will come from their confinement into a clear field where, meeting with nothing like adequate opposition, they at once enter the blood and lymph streams carrying death and destruction to all parts of the body in the form of a general septic infection which terminates fatally to the patient in from six to eight days.

My plea is: If we must do interval appendecomies *let us wait for the interval. Never operate while a tumor is present unless sure that enough time has elapsed to render the contents of the cyst or mass sterile.*

The highly skilled surgeon may indeed operate with comparative safety to his patient in the presence of virulent, active infection; but the risk is tremendous and the danger great. He, knowing this, must indeed be confident of his skill who can justify himself for deliberately subjecting his patient to this awful risk, unless under the most desperate circumstances, a situation I am unable to imagine in connection with interval appendectomies.

Literally the interval in suppurative forms of appendecitis does not begin until all the germs and toxins are destroyed and the contents of the cyst or mass has become sterile. Before that time arrives the patient is in a condition of delayed recovery. The germs and toxins are imprisoned with every source of nourishment effectually cut off. But until their activity is destroyed the case is one of delayed recovery. The interval only begins when sterilization is complete. When such a distinction is generally observed, there will be less danger in "interval" appendectomies.

Alcohol Injections in Neuralgias, Especially in Tic Douloureux.—Kiliani, of New York, bases his estimate of the value of injections of alcohol in neuralgia on an experience with 190 cases treated by him. The injections of alcohol are made into the foramina from which the various nerves take exit, 80 per cent. alcohol being used. Out of the 190 cases treated there were five failures to relieve the pain. The relief is immediate and wonderful to the patient, and lasts for a variable time. When pain recurs it may be relieved by a new injection. From one to four cubic centimeters of alcohol are injected at a time. There are several possible but rare complications of the operation, such as oculomotor and facial paralysis, and sloughing of portions of skin. Convulsive tic is less well affected on account of the possibility of getting true paralysis. In sciatica good results are obtained by injecting over the nerve branches. In 42 per cent. of the cases injected there has been no return of pain. This is a safe and reliable method of giving relief to an agonizing ailment.—*Medical Record*, June 5, 1909.

SARCOMA OF THE ULNA*

H. E. RANDALL, M.D.,
Flint.

The types of the tumors involving primarily the long bones, are the osteomata, the fibromata, the chrondromata, the sarcomata, and the rare myelomata. Carcinoma is secondary or a metastasis of a cancer of other tissue than bone. The older literature has many cases of primary cancer which at the present time are considered as metastatic hypernephromata, and many of the so-called endotheliomata probably are also of this class of tumors. This brings up the question whether a simple adenoma may not contain a microscopic malignant tumor.

There are a number of other growths of the osseous tissues which are hardly to be included among the tumors of the long bones, such as the osteophytes, hyperostoses, and exostoses, due to irritation or injury or the rare condition known as myositis ossificans. Tubercular and syphilitic diseases in the presence of a tumor of a long bone must first be excluded.

A pure type of a tumor is very rare; usually a combination of two or more types exists. Bone cysts in relation to tumors of bone should be considered as a degeneration of a pre-existing tumor. Virchow taught this in 1876, and it is accepted today that degeneration of a chondroma from a misplaced epiphyseal cartilage explains most of the bone cysts. However, cyst of bone may occur from other causes, as dermoids. It has been thought that some cases of bone cysts represent the entire destruction of sarcomata. The blood cyst of a central giant-celled sarcoma represents such degeneration in a most marked form.

It would seem that malignant tumors of bone differ greatly in malignancy. Bloodgood has shown that in certain types of sarcoma (the giant-celled sarcoma) curretting alone may be sufficient, while in other types even early high amputation does not save the patient, because of the early metastases in the lung. Cooley has collected about one hundred cases of sarcoma in which amputation failed to give a cure. Wyeth suggested that in view of the better results obtained by the older surgeons, represented by Gross, and in which sepsis was the rule, that the amputation stump be infected at the time of operation.

The results obtained by Bloodgood in doing a more conservative operation, unless the function of the limb would be lost in so doing, indicate that in selected cases the limb and good functional results can be preserved by doing less radical work. In over 100 cases of giant-celled sarcoma Bloodgood found that no metastases had taken place. These cases had been treated by curretting, resection, or by amputation. In some cases a secondary operation was necessary for the local recurrence. He shows that the giant-celled sarcoma may be subjected to curretting, or chiselling, if the shell of the bone is so thick that it is possible to get a clean surface. If the shell of the bone is thin, a sub-periosteal resection is performed. When the surrounding muscles are involved in the giant-

*Read before the Surgical Section of the Michigan State Medical Society, Kalamazoo Meeting, Sept. 15 and 16, 1909.

celled sarcoma, total resection is indicated. In the periosteal fibroma and osteo-sarcoma resection is advised.

It might be well at this point to mention that an error in diagnosis that has occurred is to mistake an inflammatory condition for a small-celled sarcoma. Multiple myeloma is incurable, and to avoid operating on these cases, the urine should be examined for the Bence-Jones reaction. This albuminous body is not constantly in the urine, but will be found at some time during the course of the disease. The X-ray will detect other tumors when it is thought that only one tumor is present. Surgery in multiple myeloma is not called for unless it be to relieve symptoms. These cases die in from two months to two years uninfluenced by treatment.

The treatment of sarcoma is by early and complete removal. If possible a piece of the tumor is snipped out for microscopical examination. The X-ray should be used in every case of a bone tumor by an expert radiographer. If the sarcoma is of the giant-cell type a conservative operation may be done. If a diagnosis is made, an early removal of the sarcoma and the bone to which it is attached is done, even in the more malignant types. I wish to emphasize the point that the diagnosis must be early when the growth is small.

The case which I report is of the most malignant type of sarcoma, namely a spindle and round celled sarcoma of the upper part of the ulna. The reason for the removal of the entire ulna is that frequently there are metastases of tumor cells throughout the bone, sometimes several inches from the original site. This young man was anxious to save the arm, although he had been strongly advised by two excellent surgeons to have an amputation at the shoulder. The growth was at the upper end of the ulna. A former attempt had been made to remove the growth, but it had recurred when I first saw him. I asked Dr. P. M. Hickey to make a microscopical examination, and he reported that the growth was a spindle and round celled sarcoma. Dr. Bloodgood, to whom I recently sent a specimen, confirmed the diagnosis.

After having decided to try a less radical operation than amputation, a search of text-books and surgical literature failed to find a technique for the removal of the ulna, so it was removed by the following method: An incision was made from the olecranon process down to the styloid process of the ulna. This incision was down to the ulna in its entire length. Another incision taking in the growth and some of the surrounding tissues made made, joining the other incision. By keeping the point of the knife close to the bone, the ulna was dissected out. This incision avoided the ulnar nerve which crosses between the inner condyle and the olecranon process. The head of the radius was held in place by bringing the fascia around the head of the bone. The functional result after the operation was so good that he was able to do all kinds of farm work; pitching hay, milking, etc. There was no recurrence of the growth up to the time he died, nearly two years after the operation, of acute poliomyelitis during an epidemic in this vicinity which has been reported by Dr. Manwaring in the April number of the *Journal of the Michigan State Medical Society.*

From the result obtained in this case, I believe that, in cases of spindle and round-celled sarcoma diagnosed early, complete removal of the bone and its tumor is sufficiently radical treatment, and may save the patient from the severe mutilation and disablement of high amputation. This can be done where the tumor involves either of the bones of the fore-arm. If the tumor is of the fibula the same procedure can be used. The experience of Nichols in eleven cases

of destruction of the shaft of the tibia, reported in the *Journal of the American Medical Association,* and the case of Huntington reported in *Annals of Surgery,* of destruction of the tibia by osteomyelitis, and in which the fibula was transferred, show that the fibula will in time enlarge to the size of the tibia.

It will be only in selected early cases that this can be done, and in the case of the tibia only where all conditions permit of the long time necessary for the fibula to enlarge to the size of the tibia.

Puerperal Convalescence.—In the *Interstate Journal,* Dr. Frank Hinchey of St. Louis has a paper on rest after labor, which he thus concludes:

1. Early rising is beneficial because the lying-down position reverses the normal curve of the utero-cervical canal, conducing to subinvolution and to retro-deviation of the uterus, consequent upon the inability to secure uniform anemia and atrophy of that organ.

2. In the early days after labor, there is an absence of unusual tension of the pelvic floor, in the upright posture, because the uterus rests upon the pubis.

3. Exercise favors involution of the pelvic-floor structures, so that by the time the uterus has reached the pelvis, these structures can afford the necessary aid to the internal uterine supports, thus preventing prolapsus.

4. Hemorrhage and embolism are not to be feared.

5. Early rising affords drainage which may prevent infection.

6. General metabolism is often impaired by prolonged rest to such a degree that lactation is inhibited and any tendency to invalidism is encouraged.

In the same *Journal,* Dr. Geo. Gellhorn offers some conclusions which indicate that doctors will differ on this as on many other matters. Hear him:

1. According to my statistics, out of 291 mothers with gynecologic ailments, 156 were sick ever since they had given birth to a child.

2. In the overwhelming majority of these cases, the irigin o their ailments could be traced back to a aulty management o the puerperium.

3. In a well directed puerperium prophylaxis must be considered first and foremost.

4. The object of obstetrics is not merely to deliver a living child, but also to restore the mother to perfect health.

5. My own remarks have been limited to a few points of prophylaxis on which a consensus of opinion has not yet been achieved.

6. I maintain that a puerpera should stay in bed not less than eighteen days.

7. Every puerpera should wear an appropriate bandage.

8. The model described by Semmelink appears to me most advisable.

9. Mild methodical exercises started in the second week after confinement, and continued for several weeks after patient has left the bed, are indispensable to a complete restoration.

10. Every puerpera should be examined carefully six weeks post partum before she should be discharged from medical observation.

Hogs and Children.—Congress has been asked this year for an appropriation of three thousand dollars for the employment of an expert in the welfare of children. It was hoped by those who made the request that this modest beginning would lead to an efficient bureau of the Department of the Interior which would eventually deal with a wide range of questions affecting school children.

In support of this request a Nebraska woman wrote that her husband was engaged in raising hogs while she was trying to raise a boy. Her husband, she said, had no difficulty in getting efficient and expensive aid from the government in his hog-raising pursuits, but she had to struggle along in her own way with the boy question. With a pardonable mother's prejudice, she argued that the welfare of her boy seemed almost as important as the health and happiness of her husband's hogs.—*Iowa Health Bulletin.*

The Journal of the Michigan State Medical Society

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NOVEMBER

Editorial

If it be at all possible to ennoble mankind, it will be through medicine—Descartes.

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A Medical Building for the Wayne County Medical Society is again being agitated, and judging from the interest and enthusiasm which a number of the members are displaying, a beginning at least will have been made before the end of the society year. The president is giving up much time to a discussion of ways and means, and if he is loyally supported by a sufficient number of the more influential members, we feel sure that some scheme of financing the project will be worked out. It is an opportunity to increase the efficiency of the Detroit profession. It is an opportunity to write Holmes into the medical history of Michigan.

Coupled with the medical home will undoubtedly be a medical library. The argument that one is needed in Detroit requires no champion. It is conceded by all. The lack of it is retarding the progress of medicine in the city and unless the profession is provided with better facilities (there are now next to none) before many years, we must face the discouraging spectacle of being left behind our colleagues located in more progressive cities. Why should Buffalo have an excellent library, Cleveland even a better one, and Detroit have none? Is it because we are less wide-awake, or is it because no leader has until now appeared to make this his life work? Why is it that the Elks and the Moose and the Eagles and the Owls put up magnificent buildings while the doctors must meet in an illy ventilated room through the courtesy of the county officials, and suffer from the lack of efficient accommodations? It is time to change all this, and Holmes is the man to do it.

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The Board of Health Report for the City of Detroit, for the year ending June 30th, 1909, is an interesting commentary upon the conscientious endeavors of able executives and the parsimony of the financial arbiters of the city. Here is an able and industrious body of men, gathered about Dr. Kiefer, striving to carry out modern ideas concerning public health in a city of over 400,000 inhabitants, with appropriations of money sufficient only for a city half the size. It is difficult to locate the blame for such conditions—probably it rests in no single place. Requests for funds made by the Board of Health are adequate, they are presented with proper argument, and supported with vigilant insistence, but they are mercilessly pared by councilors or estimators, or both. Yet these officials are probably aware of the undesirability of such economy, and they realize the needs of the health department, as they realize the needs of many other departments of the city, making demands on the public treasury. Yet they must be controlled by the available moneys; they are the guardians of the taxes, endeavoring to prevent deficits from year to year.

To the thoughtful physician and the student of vital statistics, the fact is familiar that the future of American city life, development, and permanence de-

pend more upon proper sanitary conditions than upon any other factor, and hence the appropriations therefor should be inviolate, because they are supreme in importance. But the Board of Public Works, the Street Commissioner, the Park Commissioner, and other departmental officials have no less sincere and exalted conceptions of the importance of their own work, which unfortunately is usually more conspicuous to the average citizen. Every one is ambitious for good streets, fine parks, and beautiful buildings, because he has always been taught that such things were the highest ambition of a city. These are the subjects that the public press agitates, and that visitors admire. But the work assumed by a board of health is unobtrusive, inconspicuous, it leads into devious by-ways of life, and burrows beneath the ordinary planes of observation; the public have been ignorant of it, and regard its sporadic champions as cranks. For instance, the proposal to build a contagious disease hospital on an accessible site met with a storm of protest that was medieval in its reasons—and, unfortunately, supported by medical men of repute. The storm was weathered, but the ship was so battered as to seek smoother waters. In short, the public does not realize the work that devolves upon a Board of Health, nor does it conceive of its importance.

The councilmen and estimators owe their positions to the voters; they know the sentiments of their constituents, and are naturally ruled by them. The sentiments of the voter are ruled by his education, which is deficient in matters of his own or the public health. It is sufficient for him that in case of his own illness he can buy patent medicine at the drug store or consult an osteopath, Christian-scientist, herb-doctor, quack, optometrist, or perhaps a real physician. What more attention need be paid to health?

This attitude of many citizens is not surprising; furthermore we may expect it to continue, and to continue to limit sanitary work, until it is supplanted by true knowledge. The responsibility for establishing this knowledge rests upon the medical profession; they are the only possible teachers, they are the ones most interested, and they the ones who cavil most bitterly at civic ignorance and official parsimony. It is the fault of physicians themselves who do not sufficiently keep their own science in the public eye, not the startling feat of personal skill, which savors of flagrant advertising, but the narrative of medical progress, the sanitary needs of the individual and the community. The public needs and eagerly devours palatable instruction on medical subjects; the articles by Woods Hutchinson are admirable in scope and effect. There ought to be other men who will imitate such a pioneer. The public lectures in Boston are worthy of imitation, and other means are at hand. Similar movements ought to be begun everywhere, in order to create the proper civic conscience, and until they *are* begun, conditions will hardly improve. *It is up to the doctor.*

* * *

The influence of milk on morbidity and mortality furnishes a striking example of the potency for evil of a thing designed for the accomplishment of good. The food of the artificially fed infant, and the most important food of the sick and the aged become too often promoters of disease and instruments of death.

Health may be influenced by cow's milk, either because the milk is physiologically unsuitable or because it has become a medium of infection. Milk of inferior nutritive value cannot be without its effect on the health of the consumer, especially when used as a food

for babies. Infected milk is known to be one of the most potent causes of diarrhoel diseases among infants as well as an important carrier of tuberculosis, typhoid fever, scarlet fever and diphtheria infection.

The influence of impure milk on the duration of sickness, and on the death rate when milk is employed as an invalid diet is difficult to demonstrate. For the sick, milk, usually cooked milk, is often the principal or exclusive article of diet. Considering the increased susceptibility of feeble and aged persons to infection and the diminished resistance offered by the sick, there can be no doubt that the contamination of milk is a factor that plays a considerable part in keeping up the rate of sickness and death. This malign influence of impure milk or milk improperly used is made evident by the mournful proofs of extensive and growing statistics on the subject.

Is it not our duty then as physicians who know the dangers of impure milk, to educate our patients in regard to these facts and make it possible for them to obtain a safe product? We should begin this crusade by giving our active support to improvement of the general milk supply and the means of obtaining a special clinical milk, i. e., certified milk.

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County Society Bulletins, designed to frequently bring to the attention of the members the work of the societies, are growing in favor and if consistently followed out, cannot fail to be a great factor in creating interest. The Kent County Society has been publishing a very creditable sheet and at the end of the first year of the trial, finds that it has been an unqualified success. Wayne county formerly published a monthly bulletin, but this year a weekly announcement, containing the program and items of interest, is being sent to all the physicians of the city. The latest bulletin to appear is that of the Third Councilor District. This will contain the programs of the Branch, Calhoun, Eaton and St. Joseph Societies and the Battle Creek Medical Club. The editor says:

"The wider circulation of the program will, we hope, increase the attendance at the meetings, by giving every member in the District a chance and an invitation to attend. Also it may stimulate the essayists to better efforts, because of the larger audiences."

The larger societies elsewhere in the state would do well to adopt this method of keeping their members in touch with what is going on.

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A new department will be found in this issue. It is established to meet the demand of our members from the western part of the state, and was planned by the Chairman of the Council and the Secretary of the Kent County Medical Society. Some of our most important county societies are located in this section of the state, and it is hoped by having a special section of the Journal devoted to their interests, to more fully report the local news, both official and personal, than has been done in the past. Articles of interest are solicited by Doctor Warnshuis, who will have charge of the department. We want the little things as well as the more important.

Book Notices

Text-Book of Gynecological Diagnosis. By George Winter, M. D., and Carl Ruge, M. D. Edited by John G. Clark, Professor of Gynecology University of Pennsylvania. After the third, revised German edition; 670 pages; 346 illustrations, many of which are colored; cloth, $6.00. J. B. Lippincott Company, Philadelphia, 1909.

Among the younger gynecologists of Germany,

no one occupies a more representative position as a teacher than Professor Winter, first in the University of Berlin and now at Königsberg. Some thirteen years ago he wrote his gynecological diagnosis, a work so replete with practical diagnostic points that it was at once accepted as an authority on the subject. Ruge, of Berlin, than whom there is no greater in gynecological pathology, contributed the laboratory methods. This year the third edition of the German work appeared. The English reading profession owes Clark, the American editor, a debt of gratitude for bringing out the present translation, and the publishers have done well in reproducing all of the original illustrations. Dr. Clark has added, here and there, notes which adapt the text to American practice. They are a distinct addition to the original text.

The text is divided into three parts: General Diagnosis, Special Diagnosis, and Analytical Diagnosis, the second of which makes up the greater part of the book.

Under general diagnosis, besides the sections usually found in such works, there is an adequate discussion of bacteriology, radiography, and cystoscopy. In the section on special diagnosis, the normal findings are clearly detailed and the various pathological conditions discussed from the view point of diagnosis alone. Especially valuable is the last section, in which are taken up the causes of hemorrhage, amenorrhea, dysmenorrhea and sterility and an analytical diagnosis of abdominal tumors.

The only criticism of the work is a criticism of a virtue rather than a fault, i. e., there is such a wealth of detail that one must be careful not to lose the proper perspective. As a reference work it is the best we have. Everyone who pretends to do any gynecological work who does not already possess the original, should avail himself of the present translation. The press work and binding are up to the high standard of the publishers and in keeping with the importance of the text.

Diet in Health and Disease. By Julius Friedenwald, M. D., Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore; and John Ruhrah, M. D., Profesor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Third revised edition. Octavo of 765 pages. Philadelphia and London: W. B. Saunders Company, 1909. Cloth, $4.00.

While the younger practitioners are probably better versed in dietetics than older graduates, the subject is not after all a very popular one during student days, nor one which receives from physicians the attention which it unquestionably deserves. Books like the present volume should be extensively read, and evidently such is the case for the present is the third edition gotten out in a comparatively short time.

The articles on milk and alcohol have been rewritten and additions made to the sections on tuberculosis, the salt-free diet, rectal feeding, the caloric needs of infants and minor additions to many other sections.

Among the topics considered are: "Classes of Foods," "Beverages and Stimulants," "Various Factors and Their Bearing on Diet," "Infant Feeding," "Diet for Special Conditions," "Special Methods of Feeding," "Diet in Disease," "Special Cures," "The Dietetic Management of Surgical Cases," "Army and Navy Rations," "Dietaries in Public Institutions," "Recipes," "The Chemical Composition of American Food Materials," "Rapid Reference Diet Lists."

The book is concise and practical and can be highly recommended.

A Text Book on Practical Obstetrics. By E. H. Grandin, A. B., M. D., Gynecologist to the Columbus Hospital, with the collaboration of G. W. Jarman, M. D., Gynecologist to the General Memorial Hospital, and Simon Marx, M. D., late Surgeon to the New York Maternity Hospital. Fourth Edition, revised and enlarged. 538 pages; 116 illustrations and 47 full page photographic plates. Philadelphia, F. A. Davis Company, 1909.

The title of this book reveals its chief characteristic, namely, the practical nature of its contents. The authors enter into no discussions of theories or mooted points, there are no historical references and rarely is the name of an investigator or originator mentioned. The presentation of facts has been the aim of the writers. That which is commended by the majority of authorities is described clearly and concisely. If one depended upon such a book for his obstetrical education he would miss much that he should know, much that is interesting and profitable, yet were he to master its contents, he would undoubtedly become a good accoucheur. He would, however, be lamentably weak in those portions of physiology, bacteriology and pathology which pertain to obstetrics. Many of the plates contain excellent likenesses of the authors. As a practical guide it is a fair book; there are many better volumes, however, on the subject.

Hand-Book of Obstetrics. By R. Cadwallader, A. M., M. D., Assistant in Obstetrics, University of California Medical Department, San Francisco. 370 pages, 104 illustrations, flexible cloth. Philadelphia, F. A. Davis & Company, 1908.

The arrangement of this book is along well known lines, being divided into 27 chapters treating of anatomy, physiology, embryology, the conduct of normal labor, the puerperium, care of the child, operative obstetrics, ectopic pregnancy, and the toxemias. The teaching throughout follows, for the most part, along well established lines, but there are more discussions of mooted points than in the book of Grandin, Jarman and Marx reviewed above. In general, the style is good, but here and there the author allows himself to lapse into a conversational diction which is out of place in a scientific book. At times there is a certain looseness of expression which obscures the meaning, as for example, on page seven, where this statement occurs: "Because of the better development of the right side of the body, the right side of the pelvis is often slightly so." There are a few incorrect spellings especially in the first chapters. These are all points which are perhaps of minor importance, but they should be remedied in a second edition.

The illustrations are not original, the majority being reproduced from Grandin and Jarman.

The press work and binding are good. It is to be hoped that the errors above pointed out will be corrected, for the book is a useful one and a credit to its author.

Obstetrics. A Manual for Students and Practitioners. By David J. Evans, M. D., Lecturer on Obstetrics in McGill University, Montreal; Fellow of the Obstetrical Society of London. New (2d) edition, enlarged and thoroughly revised. 12mo, 440 pages, with 169 illustrations. Cloth, $2.25 net. Lea & Febiger, Philadelphia and New York, 1909.

This book, intended to be a brief manual of obstetrics, is well written and handsomely printed and bound. It has proven a useful book, for two printings of the first edition were required to supply the demand. The author has now thoroughly revised it, rewriting the chapters which latest research have rendered necessary, and leaving out that which has fallen into disuse.

The principal revisions have been in the sections dealing with the Implantation of the Ovum, the Development of the Placenta and the Toxemias. Pubiotomy is discussed in an excellent resume and Symphysiotomy is mentioned very briefly.

The author is conservative and advises operative measures only when absolutely necessary.

As a short manual the book is to be recommended.

Medical Sociology. A Series of Observations Touching upon the Sociology of Health and the Relations of Medicine to Society. By James Peter Warbasse, Surgeon to the German Hospital, New York City. 354 pages; 5½x8 in., cloth, $2.00. D. Appleton & Company, New York, 1909.

This book is intended for the laity as well as for the profession. It is a collection of essays of very variable length on important topics, such as "Public Policy and the Medical Profession," "Federal Interest in the Health of the People," "Some Medical Aspects of Civilization," "Healthfulness and Happiness," "The Instruction of the Young in Sexual Hygiene," "Education and the Health and Efficiency of Girls," etc. There are some 25 of these observations in the first section, a group intended especially for the lay reader. In the second part are 35 essays, some but a page in length, dealing with educational and economic questions which are of especial interest to the physician. "The Preceptor," "The Physician in Politics," "Knowledge versus Manners," "Medical Practice in Utopia," are some of the subjects.

The author was until recently the editor of the *New York Journal of Medicine*, and he did his work well. Some of the observations first appeared in that Journal. He writes easily and expresses himself clearly. The book will make an acceptable Christmas gift to a medical friend, and is an excellent volume for the waiting room table.

The Examination of the Function of the Intestines by Means of the Test Diet. By Prof. Adolf Schmidt, University of Halle. Translated from the second German edition by Charles D. Aaron, M. D., Professor of Diseases of the Stomach and Intestines in the Detroit Post-Graduate School of Medicine, etc. Pages, 126; illustrated in colors. Philadelphia, F. A. Davis Company, 1909.

The appearance of the first edition of this little book, which we reviewed two years ago, gave an impetus to the adoption of the useful methods described, and the application of test diets with stool examinations has been widely made. Experience has confirmed the value of the method. Schmidt has carefully reinvestigated the whole subject and has added new material to his book.

Dr. Aaron has made a good translation, thus putting the latest information in the hands of the

English-speaking and reading profession. The book should be widely used as a guide and will not prove disappointing.

The Principles of Bacteriology. A Practical Manual for Students and Physicians. By A. C. Abbott, M. D., Professor of Hygiene, University of Pennsylvania. New (8th) edition, thoroughly revised. 12mo, 631 pages, with 100 illustrations, 26 in colors. Cloth, $2.75 net. Lea & Febiger, Philadelphia and New York, 1909.

Abbott's Bacteriology was one of the earliest text books on the subject. Indeed, when it first appeared, 18 years ago, there was no other book in English on the subject except that of Sternberg. The book is written on the assumption that the reader is unfamiliar with the subject and the author therefore takes it up systematically, concisely and logically. Full instructions as to the methods of study are given and these are applied to the recognition of some of the commoner and more important organisms.

Successive classes of students have used the book, eight editions having been required to keep it up to date. It has undergone complete revision. It has been interesting to the reviewer to compare the first with the present edition, for such a comparison affords an index to the tremendous progress made during the past two decades. The book remains a standard one, and as a manual for the beginner is unsurpassed.

A Practical Treatise on Diseases of the Skin. For the Use of Students and Practitioners. By J. Nevins Hyde, A. M., M. D., Professor of Dermatology and Venereal Diseases in the University of Chicago, Medical Department (Rush Medical College). New (8th) edition, thoroughly revised and much enlarged. In one very handsome octavo volume of about 1137 pages, with 223 engravings and 58 full-page plates, in colors and monocrome. Cloth, $5.00, net. Lea & Febiger, Philadelphia and New York, 1909.

Many are familiar with the earlier editions of this excellent book, for it has been before the profession for nearly 25 years, seven large editions having been printed. The author is one of the foremost dermatologists in this country, and being a successful teacher, he knows how to present his subject in the most telling way. No small effort has been expended in revising this edition. Many additions of the rarer, and especially of the tropical skin diseases, have been made. The illustrations, so essential in a book on skin diseases, have never been surpassed outside of the elaborate atlases. The monochromes are especially good.

As a single volume work on dermatology, this new edition is without an equal.

Gout. By Prof. Dr. H. Strauss, of Berlin. Translated under the direction of Nellis Barnes Foster, M. D., of New York. 70 pages; E. B. Treat & Company, New York. Cloth, $1.00.

It is unfortunate that publishers do not give us more monographs such as this. It would go a long way towards giving the reader an opportunity of separating the desirable books from those of less interest.

Fortunately the seven other treatises that make up this series are equally fascinating. They all concern disorder of Metabolism and Nutrition and make up a set that is of the utmost value to every practitioner.

The author, at the outset, realizes the impossibility of presenting so complex a subject in a short monograph, yet he gives an excellent resumé of the relation of uric acid to the disease, and the factors that have to do with the retention of uric acid in the body. Hardly a page is given to the well-known symptomatology of this disease. The remainder is devoted to the treatment, which is presented in a clear and useful manner. Set diet lists are not in evidence. Instead, tables showing the purin content of different forms of food, as well as recommedations in regard to applying principles of diet and medication, are ably presented.

Angina Pectoris. By Prof. Edmund von Neusser, M. D., of Vienna. Translated by Andrew MacFarlane, M. D. 71 pages; E. B. Treat & Company, New York. Cloth, $1.00.

This little monograph on Angina Pectoris is the third and last of a series of clinical treatises on the symptomatology and diagnosis of Disorders of Respiration and Circulation written by Prof. von Neusser. It is a remarkable little book in many ways. Not only does it take up the subject of Angina Pectoris as commonly regarded in the average text-book, but it also groups under Angina those forms of breast-pang that arise from intoxication, spinal chord disease, cardiac insufficiencies and functional disturbances.

The author gives ample illustrations of the various forms of stenocardia that he describes and makes clear his groupings, both from a clinical and etiological standpoint.

More attention might have been given to the therapeutics during the attacks and also in the intervals, whereas the mention of the part played by the ardenals in the production of spasm in arterioles and hypertension might well be omitted.

This last volume of the series, as well as the

two preceding, are well worth buying. They contain a fund of recent knowledge well presented.

Human Physiology. An Elementary Text-Book of Anatomy, Physiology and Hygiene. By John W. Ritchie, Professor of Biology, College of William and Mary, Virginia. Pp. 361; 156 illustrations; cloth. World Book Company, Yonkers, 1909.

Although this book is written for use in High Schools, we confess that we sat up late one night to read it through, for the author has such an attractive way of putting things that the most elementary facts assume a new meaning. The lessons regarding the use of alcohol and tobacco are forcefully set forth, yet without any exaggeration or fanaticism.

There are excellent chapters on "Preventing the Spread of Disease Germs" and on Tuberculosis," the facts being so simply explained that a child of twelve can understand them.

The book should receive a hearty welcome from school boards everywhere. It is well printed and bound and the illustrations are excellent.

A Text-book of Practical Therapeutics. With especial reference to the application of remedial measures to disease and their employment upon a rational basis. By Hobart Amory Hare, M. D., Professor of Therapeutics in the Jefferson Medical College of Philadelphia. Thirteenth edition, thoroughly revised. Octavo, 951 pages, with 122 engravings, and four full-page colored plates. Cloth, $4.00, net; leather, $5.00, net; half morocco, $5.50, net. Lea & Febiger, Philadelphia and New York, 1909.

Few books will be found in more physicians' libraries than Hare's Therapeutics. The method of putting the contained information together was an invention of Dr. Hare and he has had so many opportunities of revising and perfecting it, that it may be said to be the most useful book on the subject. The alphabetical arrangement with abundant cross references, and two indexes, make ready reference easy. In reviewing a former edition, we said that, in our opinion, it is a poor book for the student. We think so still, but believe it an excellent one for the practitioner.

The Secret of Sex. By E. Rumley Dawson, L. C. R. P., M. R. C. S. Pp. 64. Paper. Cochrane Publishing Company, Tribune Building, New York.

The author starts out with a statement that his attention was first called to the fact, in 1887, that "the great problem of sex was still unsolved." Wherefore he set to work, and thirteen years later announced to the Obstetrical Society of London his discovery that "the supplying ovary is in reality the essential factor in the causation of sex." He says, "I find that a male fetus is due to the fertilization of an ovum that came from the right ovary, and a female fetus is due to the fertilization of an ovum that came from the left ovary." Further, ovulation takes place from the right and left ovary alternately. Hence the sex of a second child may be foretold or even controlled. Simple enough, but very unscientific and at variance with many known facts. The author claims 97 per cent of success in his prophecies. The pamphlet is so full of evident errors and distortions, that it is not worthy of serious consideration.

Progessive Medicine, Vol. III., September, 1909. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 336 pages, with 37 engravings. Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00. Lea & Febiger, Publishers, Philadelphia and New York.

The September issue of Progressive Medicine covers four departments. Under Diseases of the Thorax and Its Viscera, Professor Ewart gives a summary of the recent knowledge in this field, paying especial attention to tuberculosis, pleurisy, common colds and affections of the heart. Dermatology and Syphilis are reviewed by Dr. Gottheil in a thorough manner. There is not much which is new in the department of obstetrics, yet Dr. Davis has made a very readable section out of the material at hand. On the contrary, Spiller considers many important papers in his section on Nervous Diseases.

Progressive Medicine, if carefully studied, will keep a man abreast of the times.

International Clinics. A quarterly of illustrated clinical lectures and specially prepared original articles on treatment, surgery, medicine, neurology, pediatrics, obstetrics, gynecology, orthopedics, pathology, dermatology, ophthalmology, otology, rhinology, laryngology, hygiene and other topics of interest to students and practitioners by leading members of the medical profession throughout the world. Edited by W. T. Longcope, M. D., Philadelphia. Vol. I., II., and III., nineteenth series, 1909. Philadelphia and London: J. B. Lippincott Company, 1909.

These three volumes contain 59 papers bearing on all departments of medicine, many of them by

men of international reputation. The editor selects timely topics and the men best fitted to write upon them. Neither time nor expense is spared in preparing the manuscripts for the press, and illustrations are inserted wherever practicable.

In volume I there is an excellent review of the progress of medicine during the past year. Stevens reviews "Treatment," Edsall "General Medicine" and Bloodgood "Surgery."

We have repeatedly called attention to the excellence of these volumes, and it is no exaggeration to say that they are constantly improving.

Manual of Therapeutics. Referring Especially to the Products of the Pharmaceutical and Biological Laboratories of Parke, Davis & Company, Detroit, Mich.

This neat manual of 643 pages, well printed and bound in flexible leather, contains much useful information in a form readily found. The usual tables of weights, measures, incompatibles, obstetric dates, foods, notes on feeding, etc., are first given, followed by 60 pages of "Therapeutic Suggestions." The bulk of the book consists of an alphabetical list of drugs, with the propertics, doses and preparations.

The manual will be sent free on application and it is well worth having, for it has been very carefully prepared.

Department of Western Michigan

Comprising the Fifth and Eleventh Councilor Districts.

F. C. WARNSHUIS, GRAND RAPIDS, CORRESPONDENT,
Assisted by

F. G. Sheffield, Hastings.
C. S. Cope, Ionia.
G. H. Thomas, Holland.
Donald Mac Intyre, Big Rapids.
H. L. Bower, Greenville.
V. A. Clapman, Muskegon.
G. G. Burns, Fremont.
D. S. Fleischauer, Reed City.

Ionia.

The Seventh Annual Meeting of the Ionia County Medical Society was held in Ionia, October 14th. Dr. W. J. Du Bois, of Grand Rapids, read a much appreciated paper on "Renal Calculi." This was thoroughly discussed by those present.

The following officers were elected: President, G. A. Stanton, Belding; first vice-president, C. C. Dellenbaugh, Portland; second vice-President, F. A. Hargrave, Palo; third vice-president, W. J. Wilkerson, Orleans; fourth vice-president, F. B. Morse, Lake Odessa; secretary-treasurer, reëlected for the fifth consecutive time, C. S. Cope, Ionia.

The society voted to accept the defense plan as adopted by the State Society.

We close the year out of debt and with a fine showing of good meetings and many things accomplished for the social and financial advancement of our members.

The following resolution was adopted:

To the Hon. Montgomery Webster, Judge of Probate for Ionia County.

At its annual meeting, held in Ionia, October 14, 1909, the Ionia County Medical Society adopted the following resolution:

Resolved, That the members of the Ionia County Medical Society refuse to make further visits to the Asylum and examinations of the insane for a fee less than five dollars, plus a mileage of fifty cents a mile measured one way from the physician's office to the Asylum. Heretofore the service in this line has been done more as a courtesy to your office than from any spirit of commercialism. Inasmuch as the County pays us five dollars for examinations of the insane, and our private patients pay us a mileage of fifty cents, we deem it not improper to ask that the State pay the same as is paid by the County and our private patients. We therefore respectfully decline to make further examinations in these cases until assured by you in writing, addressed to our secretary, Dr. C. S. Cope, that the foregoing request will be complied with.

(Signed) C. S. Cope, M. D.; J. J. McCann, M. D.; E. F. Beckwith, M. D.; George Moore, M. D.; T. R. Allen, M. D.; W. E. Ogden, M. D.; W. L. Barnes, M. D.; J. J. Deffendorf, M. D.; F. M. Marsh, M. D.; F. L. Hoag, M. D.; J. P. Winchell, M. D.

The next meeting of the Society will be held at Ionia, on the second Thursday in January, 1910. Papers will be read by Drs. J. J. McCann, F. A. Hargrave and J. F. Pinkham. The subjects will be later announced.

C. S. COPE, *Sec'y.*

Kent.

Dr. E. W. Tolley returned, October 1st, from New York City, where he spent three weeks attending the various clinics of that city.

Dr. Alfred Webster, a retired homeopathic physician, committed suicide by shooting himself through the heart. Dr. Webster had been secretary of the New Era Insurance Association and recent investigation of his accounts showed him to be short some $15,000.

Dr. Walter Moffatt returned, October 1st, from a two weeks' vacation spent in the Northern Michigan resorts.

Dr. J. B. Hilliker, Coroner for Kent County, attended the Hudson celebration in New York City.

Dr. Earl McCoy, who has been one of the medical staff at the Howell Tuberculosis Sanitarium for the past year, has returned to Grand Rapids and resumed practice.

The following doctors have been elected to the new anesthetic corp of Butterworth Hospital: Dr. A. Verne Wenger, Dr. Harold Dingman, Dr. J. B. Whinery, Dr. Rowland Webb.

Dr. Wm. DeLano, Health Officer, has been granted thirty days' leave of absence by the Grand Rapids Board of Health. Dr. DeLano has been in poor health and it is hoped that this vacation will restore him to his normal condition. During his absence his duties will be performed by City Physician Apted.

Miss Hall, a graduate of the Toronto Hospital, has been appointed dietitian for Butterworth Hospital. She assumed her new duties October 6th.

Dr. Archibald Church, of Chicago, read a paper before the Grand Rapids Academy of Medicine on October 6th.

Dr. M. E. Roberts returned to Grand Rapids October 9th, after spending two weeks on his wheat farm in the Northwest Canada, and on his return home he spent ten days at the Mayo's Clinic.

The annual meeting of the U. B. A. Hospital was held October 14th. Nothing but the routine business was transacted. The various officers rendered their annual reports, which revealed the financial condition and the work accomplished during the past year in a very satisfactory condition.

Dr. A. Nyland, of Grand Rapids, was elected President of the State Board of Medical Examiners at its recent meeting held in Lansing.

Dr. D. Gleysteen, of Alton, Iowa, spent a few days visiting old classmates and friends in Grand Rapids, while on his way to do post-graduate work in New York City.

Dr. J. O. Edie left for Salt Lake City to spend three weeks with his daughter. The doctor expects to return about the middle of November.

Dr. W. E. Rowe, formerly of Allegan, but recently located in Grand Rapids, who has been in poor health recently, went to Chicago for medical advice and treatment.

THE KENT COUNTY MEDICAL SOCIETY.

At its regular meeting on October 13th, Dr. Schuyler C. Graves read a paper on "Cancer of the Penis and Its Treatment by Extirpation of the Organ and Perineal Transplantation of the Urethra." The doctor exhibited one of his recent cases to illustrate the interesting points of his paper. Without a dissenting vote the Society adopted the Medical Legal Defense Plan as presented by the State Society. The Society also elected Dr. G. L. McBride as its representative in this League. At its regular meeting on October 27th, Dr. Robert H. Babcock, of Chicago, was the invited essayist of the evening. The title of the doctor's paper was, "Some Considerations of Cardiac Neuroses or the So-called Functional Diseases of the Heart." The discussion was opened by Dr. J. B. Griswold and Dr. T. C. Irwin. After the meeting a smoker was held at the Pantlind Hotel. A pleasing menu with impromptu speeches and stories created the expression of a demand by the members that this feature be of frequent occurrence.

Dr. C. H. Johnston entertained informally at his home with a dinner in honor of Dr. Babcock.

Ottawa.

At the annual meeting of the Ottawa County Society, held October 12, 1909, the officers elected were: President, T. G. Huizenga, Zeeland; first vice-president, D. G. Cook, Holloway; second vice-president, J. F. Peppler, Byron Centre; secretary and treasurer, Geo. H. Thomas, Holland.

Delegate to State Society, J. J. Mersen, Holland; alternate, W. G. Winter, Holland. Board of Directors: Wm. De Klein, Grand Haven, chairman; B. B. Godfrey, Holland; H. Leenhouts, Holland; G. H. Thomas, Holland. Committee on Program and Scientific Work: T. G. Huizenga, Zeeland; J. F. Peppler, Byron Centre; D. G. Cook, Holland; G. H. Thomas, Holland. Committee on Public Health and Legislation: T. A. Booth, Holland; R. J. Walker, Saugatuck; C. P. Brown, Spring Lake. J. B. Whinery, of Grand Rapids, read an interesting and instructive paper on "The Effect of Kidney Lesions on the Heart and Blood Vessels."

A vote of thanks was given Dr. Whinery and his paper requested for publication in the STATE JOURNAL.

The secretary was instructed to secure the views of the members in regard to the Medico Legal defense by correspondence and report at the next meeting.

Dr. G. D. Cook is spending three weeks in Rochester, Minn., attending the Mayo's Clinics.

Dr. T. G. Huizenga, of Zeeland, performed a Cesarean section on a woman in Hudson, October 8th. The patient was at full term and normal labor had begun several hours before the operation. Both mother and child are doing nicely at the present time.

Dr. Edward Kremers left Holland October 1st for Washington, D. C., where he has secured an appointment in the Army Medical Corps. Dr. Kremers is a young man of exceptional ability and of a modest, studious disposition and will be missed by every member of the Ottawa County Medical Society, of which he was the secretary. A desire to be free from the cares of general practice and have more time for scientific and research work was the incentive which induced him to leave his many patients and friends here.

GEO. H. THOMAS, *Sec'y.*

County Society News

Houghton.

The September meeting of the Houghton County Medical Society was held at the Douglas House, Houghton. The committee appointed to enumerate the number of cases of pulmonary tuberculosis, reported 210 cases in the county.

Dr. R. B. Harkness, of Houghton, reported an outbreak of typhoid fever, 18 cases in all, 11 of which came down within 8 days, August 3rd to 11th. The interesting question in connection with the outbreak was the source of infection. This may have been from the water supply which comes from Cole's Creek. An examination of the water by Vaughan showed a high organic content, and its use was condemned. The only people infected worked in the smelter and were closely associated, while occupants of houses supplied with the same water were not attacked. The ice supply was suspected, as 10 out of 12 machinists who were in the habit of using ice water kept in a pail were attacked, but none of the residents of Houghton who used the same ice supply were infected. Another source of infection may have been by flies, from excreta deposited by the men in the yard during last December and again in March. The cases were all characterized by a high temperature, 104° or more, a dicrotic pulse, 120 and over, and splenic enlargement. Constipation was the rule; one case of diarrhea, and two of intestinal hemorrhage.

The diet was milk, with two soft boiled eggs, or egg-nog, per day. Three quarts of water were allowed daily, one case with a marked polyuria drinking eight quarts per day. Drugs, acetozone in four cases, aspirin in one, and salol in thirteen. The bowels were moved by enema every second day.

In the discussion, Dr. Scott considered the source of infection the most interesting feature. The head waters of Cole's Creek drain the country up to the Atlantic mine, and it seems that the water might be easily contaminated. As to diagnosis, he finds that a case with a coated tongue and a remitting fever lasting over a week to be almost invariably typhoid fever.

Dr. A. Simonson, of Calumet, reported two cases and two sudden deaths. In one of these the cause of death could not be determined. The other patient had complained of a slight sore throat, but had not consulted a physician. After eating dinner he tried to sleep and in a short time called to his wife that he was dying, and before the arrival of his physician, had expired. An autopsy showed death to be due to edema of the glottis.

The paper of the evening was read by Dr.

Simonson and was entitled, 'A Review of Sajous' Work on the Internal Secretions." He stated that the work forms a mine of information collected from the immense, scattered literature of the world. A brief review would be a great injustice to the author and his work, and would scarcely give any sort of conception of the enormous and patient labor expended in its compilation. Dr. George Dock, writing on this subject in Modern Medicine, refers to the work as monumental.

In this work, Sajous expresses very decided views on the importance of the ductless glands, particularly the adrenal system, consisting of the thyroid gland, the anterior pituitary body, and the adrenals; also the relation of the adrenal system to the general motor system and the pneumogastric nerve, and the relation of the internal secretions to immunity and the protective role of the leucocytes. He has gone outside the beaten paths and given us a new conception of the factors bearing directly on immunity. Upon pharmacodynamics, he has built up a system of pathogenesis and therapeutics, all of which should command the admiration of the student of the science and art of medicine.

JOHN MACRAE, *Sec'y.*

Huron.

The Huron County Medical Society held its regular annual meeting, supper and election of officers October 18th. The following officers were elected for the ensuing year: President, Dr. Frank E. Luton, of Kilmanagh; vice-president, Dr. C. B. Morden, of Bad Axe; secretary-treasurer, Dr. D. Conboy, of Bad Axe; delegate to the State Society, Dr. D. J. Lackie, of Grindstone City; alternate delegate, Dr. B. Friedlander, of Sebewaing. Dr. D. Conboy was appointed county member of the Medico-Legal Committee of the State Defense League.

Dr. W. J. Herrington read a paper on "Appendicitis," which was thoroughly discussed.

D. CONBOY, *Sec'y.*

Isabella.

The regular annual meeting of the Isabella-Clare Medical Society was held in Maccabee hall, Mount Pleasant, October 20th.

Dr. J. A. Reeder, of Clare, was elected to membership and Dr. E. B. Smith, of Detroit, was elected to honorary membership. Dr. Smith gave a lecture before the society at the annual meeting of last year. The lecture was on the general topic of "Fractures," and was the best ever delivered before the society.

Dr. McRae, of Beal City, read a paper entitled, "Appendicitis from the Standpoint of the General Practitioner." Dr. H. V. Abbott, of Shepherd, read a paper entitled, "Pernicious Anemia." Both papers were instructive and interesting, and were especially valuable from the fact that neither was compiled, but in each the doctors wrote their own views and experiences. We want more papers of this kind.

The medico-legal matter was discussed, but action was deferred until the January meeting, at which time the members will be better able to decide whether or not such an arrangement will be desirable.

It was decided that the January meeting shall be followed by a banquet in the evening, the physicians' wives being in attendance.

Election of officers: Dr. B. F. Johnson, Rosebush, president; Dr. C. M. Baskerville, Mount Pleasant, vice-president; Dr. S. E. Gardiner, Mount Pleasant, secretary-treasurer.

S. E. GARDINER, *Sec'y.*

Jackson.

A special meeting of Jackson County Medical Society was held September 28th, 1909.

A report of the Committee on the Medical Defense Plan was called for, adopted, and a ballot placed on file, showing that Jackson County, by a large majority of all its members, voted not to avail itself of the privileges of the Medico-Legal Bureau.

The attention of the Society was called by a member of the Committee of Public Health and Legislation to matters coming to his attention in relation to objectionable practice on the part of one of its members. The matter was referred to the Committee on Public Health and Legislation, to which two other members were added with instructions to investigate such matters, giving the accused member opportunity to appear before the committee; said committee to report at a subsequent meeting of the society.

R. GRACE HENDRICK, *Sec'y.*

The schedule for post-graduate work for the rest of the year is as follows:

November 16th. Valvular Diseases of the

Heart: Etiology, Diagnosis and Treatment, E. S. Peterson. Discussion, A. R. Williams.

November 23rd. The Contract Relation Between Physician and Patient, F. G. Kline.

November 30th. Syphilis of the Nervous System, F. W. Rogers. Discussion, F. J. Gibson.

December 7th. Surgical Clinique at City Hospital. Arranged by Colin D. Munro.

December 14th. The Conduct of Normal Labor and the Puerperium, Martha C. Strong. Discussion, J. C. Smith.

December 21st. Difficult Labor; Causes and Treatment, Christopher G. Parnall. Discussion, P. Hyndman.

January 4th. The Puerperal Infections; Bacteriology, Diagnosis and Treatment, George A. Seybold. Discussion, E. L. Morrison.

January 11th. The Diseases of the Mammary Glands, Edwin C. Taylor. Discussion, G. R. Pray.

January 18th. Demonstration of Examination of the Blood, Normal and Pathological. Arranged by Walter R. Snow.

January 25th. Throat Clinique. Arranged by George E. Winter.

February 1st. Hyper-thyroidism; Causes, Symptoms and Treatment, Delbert E. Robinson. Discussion, J. E. Munro.

February 8th. Hypo-thyroidism; Causes, Symptoms and Treatment, Joseph C. Kugler. Discussion, C. E. Stewart.

February 15th. Eye Clinique. Arranged by T. S. Langford.

February 22nd. Diseases of the Pancreas, W. H. Enders. Discussion, W. J. Marks.

March 1st. Some Remedial Measures Not Medicinal or Surgical, L. J. Harris. Discussion, H. D. Brown.

March 8th. Medical Clinique. Arranged by N. H. Williams.

Lapeer.

The annual meeting of the Lapeer County Medical Society was held in the parlors of the Hotel Graham on Wednesday, October 13th, 1909, and the following were elected officers for the ensuing year: President, Dr. John P. Eggleston, Imlay City; vice-president, Dr. John V. Frazier, Lapeer; secretary, Dr. Calvin A. Wisner, Columbiaville; treasurer, Dr. A. O. Bolton, Attica.

Papers were read by Drs. Randall and Conover, of Flint.

C. A. WISNER, *Sec'y.*

Monroe.

At the fourteenth annual meeting of the Monroe County Medical Society, held at Monroe, October 21, 1909, the following papers were presented: "Phimosis," by Dr. McCallum; "Treatment of Chronic Sciatica," by Dr. Sisung.

At this meeting the following officers were also elected: President, Dr. E. M. Cooper, Carleton; vice-president, Dr. E. S. Cornwell, LaSalle; secretary-treasurer, Dr. C. T. Southworth, Monroe. Member of Medical Defense Committee, Dr. P. S. Root, Monroe.

The next meeting will be held at Monroe on the third Thursday in January, 1910.

C. T. SOUTHWORTH, *Sec'y.*

Shiawassee.

The Shiawassee County Society has sent out the following letter to its members:

Dear Doctor:—

Our president and secretary think that a letter to you instead of an October meeting might be a good thing. At the beginning of the year the president and secretary made up their minds that they would sometime during the year try to put the Shiawassee County Medical Society among the first in the state as to membership. During the last few weeks we have done so. In fact at present only five men, that are eligible and practicing in Shiawassee county, do not belong to the society. This includes all eligible and registered practitioners.

We have called personally on every physician in the county, this being made possible by the use of the president's automobile. We have traveled nearly 250 miles to do this and have called on 58 different doctors, and spent about five days of our time doing so. On two occasions others of the profession have made these trips with us.

On these trips we have discovered a few things. We have discovered that there cannot be found a better lot of men than we have called upon while on these trips, we have found that none could treat us more courteously. We have found you all working hard, some struggling along, a few

have means. None are wealthy in this world's goods and none are anxious to be.

Owosso men are not much affected by outside conditions, but they wish to come over and help you in any matters that they can. The fees outside of Owosso are generally too low, and we are afraid many do not stick to the fees you already have. We want you all to have reasonable fees. Stick to them and we well-to-do physicians, as your farmer patients are well-to-do farmers.

Our profession is not a commercial one, but we must live, and by reasonable fees and good management hope that we can see a day when as new men come into the field and take our places we will not have to struggle for an existence.

Petty jealousies or the fear of overcharging should not interfere with your getting a reasonable fee for your work. Nearly every man outside of Owosso has expressed himself as willing to follow a liberal schedule and we want you to get together soon on this matter.

We have further discovered in Owosso and out that it never pays to talk about the other physician. It never pays to say: "He makes too many calls." Perhaps you make too few. It never pays to say: "He charges too much," the chances are very much that you undervalue your services.

Satisfied patients get you more new patients than any other method of advertising. There are many better ways of getting acquainted with and keeping before the public than having your name in the newspaper, in connection with your professional doings.

We hope you all may get many new patients, if patients are to be had, and that you will do your best by them. We have found that patients are very often more to blame for trouble between doctors than are the doctors. We believe the feeling in the county today is the best between physicians that it ever has been.

Let's make this society a power for good in this community for our patients as well as ourselves. We have made these trips for the County Medical Society to collect the dues, get new members, get acquainted with you and get a few pointers by asking questions from each man, and we print the above letter as not being original but as being the condensed thoughts you have given us.

In the county there are 56 registered and eligible physicians, 51 of whom are members and have paid their dues to January 1st, 1910. We hope to get soon the other five.

With best wishes, we are,

Yours truly,

DR. A. L. ARNOLD, *Pres.*
DR. R. C. MAHANEY, *Sec'y-Treas.*

Tuscola.

At the regular annual meeting of the Tuscola County Medical Society, held at the Hotel Montague, Caro, October 11th, 1909, the following officers were elected for the ensuing year: President, Dr. C. H. McLean, Caro; vice-president, Dr. J. H. Hays, Cass City; secretary-treasurer, Dr. W. C. Garvin, Millington; trustee for three years, Dr. M. M. Wickware, Cass City.

The trustees were instructed to close the contract with the Board of Supervisors for the care of the indigent sick for another year, which has since been confirmed.

W. C. GARVIN, *Sec'y.*

Wayne.

At the meeting on October 14th, Dr. A. P. Biddle presented the following cases: 1. A case of papilloma. 2. Case of tuberculous lesion of the face. 3. Obstinate case of infected hair follicle. 4. Case of psoriasis in negro. 5. Case of syphilis with lesions on leg.

Dr. J. N. Bell read a paper on the "Management of Labor in Contracted Pelves," in which he deplored the fact that the pelvimeter is used by but few physicians. The methods of choice with contractions of various degrees were outlined. Under prophylaxis the following were some of the points brought out: Use pelvimeter in all cases seen for the first time. A fairly accurate estimate can be gained by the pelvimeter and finger. Labor may be induced in the 35th or 36th week in relatively contracted cases. Make early complete examinations, and so reduce infant and maternal mortality. Benefit future mothers by hygiene, horseback riding astride, mountain climbing, skating, etc.

In discussion, Dr. Morley considered necessary a routine examination with the pelvimeter. He showed a chart with pelvic diameters and a method of obtaining the measurements.

Dr. Blodgett demonstrated the methods by means of the bony pelvis and made the point that extending the legs under anaesthesia increased the antero-posterior diameter.

Dr. Carstens said that variation in size of the bones causes differences in the measurements and that it is difficult to get to the sacrum. He be-

lieved in making measurements, but did not put much faith in outside measurements, as the size of the head must be considered. He thought Tarnier forceps should always be tried before craniotomy.

Dr. Brooks followed and spoke along the same lines.

Dr. Silver related a case of contracted pelvis in which an effort at high forceps delivery was successful.

Dr. Davis considered the child's head and pelvis, together with uterine contractions and the position of the mother as being all factors to consider in the descent of the child.

Dr. Parmeter believed that Cesarian section is the elective method, because in contracted pelvis, the child's head is usually advanced in ossification. Where forceps had been tried without avail, he advised extra peritoneal Cesarian section.

Dr. Bell, in closing, thought Dr. Morley's scheme good, but did not believe anything could be gained by flexing and extending the legs, as Dr. Blodgett suggested.

Report of the delegates of the State Medical Society read by Dr. Robbins.

The society voted to extend an invitation to the Mississippi Valley Medical Society to meet in Detroit next fall.

On October 11th, Dr. A. W. Ives presented a paper, entitled "Evidences of Evolution," before the medical section.

The program for the general meeting, October 18th, consisted of a paper on "Puerperal Insanity," by Dr. David R. Clark.

The author disclaimed any new points for his paper, but stated that he wished to emphasize the fact that there was one form of insanity that was typical of the puerperal period. He stated that the puerperium merely developed that type of mental disorder that was latent in the individual. He cited first, a case of manic-depressive insanity showing psycho-motor acceleration with flight of ideas; second, a case of delerium of collapse with bewilderment; third, a case of infection delerium; fourth, three cases of the katatonic type of dementia precox with catalepsy, negativism, and stereotypy, and showing the three possible termini of that disease, chronicity, recovery with recognized defect and recovery without recognizable defect.

Doctor Clark discussed the question of delerium of collapse being of infectious origin and terminated his paper by discussing the intimate causal relationship between the puerperal state and the katatonic types of dementia precox.

In opening the discussion, Dr. Flinterman said that it would be interesting to find out how many cases of this insanity were not due to the puerperal state. He believed that many resulted from exhaustion.

Dr. Manton said that, in his opinion, the ideas concerning puerperal insanity must be revised, for he has seen the same conditions develop in other periods of life and finds that this condition comes in individuals whose minds are more or less disordered. The child-bearing epoch predisposes to insanity in many susceptible women.

Dr. Delos Parker does not believe in a distinct form of insanity of this type.

Doctor Newman stated that ten per cent of insane women began their trouble during lactation or pregnancy. Even normal women develop very peculiar nervous symptoms at this time.

Dr. Yates believes that these patients should be put into the same category as post-operative insanity cases.

Dr. Polozker did not consider puerperal insanity a separate entity.

Under new business, Dr. W. S. Anderson moved that a committee be appointed to consider a different meeting place for the society, or a medical home.

News

Glen C. Hicks, of Jackson, president of the State Board of Registration in Osteopathy and a third year student in the Detroit Homeopathic College, while taking the preliminary examination before the State Board of Registration in Medicine, at Lansing, October 12th, was caught "cribbing" by Dr. Carrow, in the examination on histology. The Board subsequently passed a resolution prohibiting Hicks from again coming up for examination.

The president of the American Gynecological Society has appointed a committee to report at the next annual meeting in Washington, on the Present Status of Obstetrical Teaching in Europe and America, and to recommend improvements in the scope and character of the teaching of obstetrics in America. The committee consists of the professors of obstetrics in Columbia University, University of Pennsylvania, Harvard, Jefferson Medical College, Johns Hopkins University, Cor-

nell University and the University of Chicago. Communications from anyone interested in the subject will be gladly received by the chairman of the committee, Dr. B. C. Hirst, 1821 Spruce street, Philadelphia, Pa.

Dr. Samuel Bell, of Detroit, has opened an office at 701 and 702 Gas Office building and will devote his time to diseases of the brain and nervous system.

The Alumni Society of Harper Hospital, Detroit, held its first annual meeting and banquet at the Hotel Tuller on Saturday evening, October 23rd, 1909. Previous to the dinner Dr. H. W. Longyear read a paper, illustrated with lantern slides, on the "Diagnosis and Treatment of Nephrocoloptosis." This was discussed by Drs. C. D. Aaron and P. M. Hickey. Toasts were responded to by Drs. J. K. Gailey, H. O. Walker, Thaddeus Walker, L. J. Hirschman, G. J. Anderson and Neal L. Hoskins. The meeting was well attended and an enjoyable evening spent.

Dr. and Mrs. O. A. Griffin, of Ann Arbor, have returned from Europe. While abroad, Dr. Griffin visited many medical schools and hospitals.

Dr. Wadsworth Warren, of Detroit, has recovered from his recent severe il'ness and has resumed practice.

On the invitation of the Department of State of the United States Government, the Fifteenth International Congress on Hygiene and Demography will convene for the first time on the American continent in Washington, D. C., from September 26th to October 1st, 1910. Section III of this Congress deals with the subjects of the Hygiene of Infancy and Childhood and School Hygiene. It is believed that this will be a meeting of the utmost importance.

Dr. Oscar C. Breitenbach has been appointed city chemist of Escanaba; he has been conspicuous in the fight against typhoid pollution of the water supply in that locality, and has had the backing of influential citizens as well as of the municipal officers. A large mechanical filter will be installed, and an ordinance framed to have thorough milk inspection.

Dr. Myron A. Patterson, city physician of Albion, is said to be ill with typhoid fever in Hurley Hospital, Flint.

Dr. F. J. Bierkamp, of Wyandotte, has been appointed pathologist at the Youngstown Hospital, Ohio.

Dr. William De Lano, health officer of Grand Rapids, has given up his work at the tuberculosis sanatarium because of ill health.

Dr. Orley M. Vaughan, Covert, has been re-elected to a fifth term as president of the Board of Superintendents of the Poor of Van Buren county.

ADDS TO LIST OF COMMUNICABLE DISEASES.—At the quarterly meeting of the State Board of Health, held in Lansing October 8th, the following diseases were declared to be dangerous communicable diseases: Pneumonia, tuberculosis, typhoid fever, meningitis, diphtheria, whooping cough, scarlet fever, measles, and smallpox. The board also ruled that tetanus, rabies, erysipelas, leprosy and cancer should be reported for statistical purposes. It was decided that no person with open tuberculosis should be employed as a teacher in the public schools of the state, and a resolution was adopted instructing the secretary to prepare and issue notices to common carriers and schools forbidding the use of the common drinking cup.

At the Illinois State Fair the Board of Health had an excellent exhibit bearing upon the prevalence, prophylaxis and treatment of tuberculosis.

An opinion handed down by a Court of Common Pleas in Pittsburg holds that the State Department of Health has a right to regulate vaccination in the public schools of the state.

The Census Bureau of the United States is about to inaugurate a new system of reporting deaths, depending on a revised classification of the causes of death.

Dr. George Dock, formerly professor of medicine at Ann Arbor, has spent much of the past summer in Europe, including a week in Budapest at the International Medical Congress. Dr. Dock has now returned to his work at Tulane University, New Orleans.

It is reported that the State Board of Health is to meet representatives of railroads to discuss provisions of the new law giving the board power to require sanitary precautions on passenger trains for the protection of the public.

The Bye Cancer Cure concern, which has been one of the great cancer fakes of the country, and was exposed in Collier's weekly a few years ago, has recently been investigated by the United States Postoffice authorities and declared to be making fraudulent use of the mails. A fraud order has been issued, which is equivalent to kill-

ing the business. A similar action has been taken in the case of the Dr. Curry Cancer Cure Company, of Lebanon, Ohio.

The Supreme Court of Missouri has handed down an opinion that the school boards of that state have the right to enact and enforce rules for vaccination.

Dr. J. E. Gleason, Detroit, has returned from courses of study in Vienna and Wurzburg, and opened new offices in the Washington Arcade.

The University of Pennsylvania has established a series of courses in Public Health, leading to a diploma designating the recipient as a Certified Sanitarian. Only holders of an M. D. degree are eligible; such persons can complete the course in one academic year.

Dr. J. D. Matthews, Fine Arts building, Detroit, has returned from a course of study in Vienna.

Dr. Max Ballin, Detroit, has recently returned from a trip abroad.

Dr. George A. Fritch, of Detroit, previously suspected of criminal complicity in the death of Miss Edith Presley, is now held in $10,000 bail on the charge of manslaughter, in connection with the death of Miss Mabel Millman, of Ann Arbor.

The Leucocyte, the organ of the alumni and students of the Detroit College of Medicine, has come under the editorship of Dr. J. H. Dempster, D. C. of M., 1909, succeeding Dr. J. E. Davis, resigned.

Dr. H. A. Hume has begun practice with his father at Owosso.

Dr. R. W. Fuller has taken up practice in the office of his father, Dr. William Fuller, Grand Rapids.

Dr. George J. Baker has located in Detroit at 854 Kercheval avenue.

Dr. R. N. Freyling has entered practice in Grand Rapids.

Dr. Willis H. Potter, of Baldwin avenue, Detroit, is spending the year in Vienna, taking up special work on the ear, nose, throat and chest.

Dr. H. H. Ellis, D. C. of M., 1908, after a year's internship in the Charlotte Sanitarium, has taken up a location in Detroit, corner Buchanan and Twenty-fourth streets.

Drs. R. C. Andries and R. G. Glemet, who have completed their interneship at St. Mary's Hospital, have opened up offices, Dr. Andries at 268 Gratiot avenue, in the Home Bank building, and Dr. Glemet in the Gas Office building.

The Bulletin is creditably informed that at least in two instances in this state an agent of one of the commercial physicians defense companies has gone to the plaintiff and encouraged him to bring suit. He also told a certain party that it was to his interest to stir up a suit occasionally, for it always resulted in his writing a lot of new business. This method of obtaining business should be borne in mind by the physicians, and our plan adopted at the Kalamazoo meeting of the State Society supported.—*Bull. of Third Councilor District.*

Announcement was made during the past month of the incorporation of a new hospital for Detroit. It will be built upon a magnificent tract of twenty acres located at the corner of the Grand and Hamilton Boulevards. The land has already been bought and paid for and the subscriptions to date total half a million. It is the intention of those interested to at first erect only such buildings as are necessary and which can without doubt be maintained, but these are to be planned so that additions can readily be made, there being land enough for a thousand-bed hospital, should the growth of the city demand it. The hospital will be a general one, but no attempt will be made to duplicate the work done by any of the special institutions of the city. For this reason there will be no contagious disease department and no free children's clinic. According to the newspaper accounts there will be separate surgical and medical buildings, and the main effort will be to provide every comfort for the poor. No wards will contain more than four beds. The hospital will be open to the profession of the state, and the whole conception would seem to be along broad lines. The incorporators include some of the most prominent men in Detroit's business and financial circles. They are Frederick M. Alger, Waldo A. Avery, John N. Bagley, George H. Barbour, Willis E. Buhl, E. Leyden Ford, Henry J. Ford, John B. Ford, Henry B. Joy, Otto Kirchner, William H. Murphy, John R. Russell, A. L. Stephens, J. Harrington Walker, Charles B. Warren and David C. Whitney.

Through the generosity of Mr. Henry Stephens, the Detroit Society for the Prevention and Relief of Tuberculosis is to have the free choice of one of three sites for its sanatorium. Two of these are located within the city limits and the third

just north of Highland Park. The building fund now contains $6,000, and with the assurance of a free site, it will now be possible for the society to go ahead with the plans for the buildings.

Marriages

Guy Luvergne Bliss, M. D., Three Rivers, to Miss Edith Gertrude Smith, of Oskaloosa, Iowa, September 1st.

Deaths

John Campbell Buell, M. D., University of Michigan, Homeopathic College, 1892, died at his home in Rives Junction, September 25th, aged 39.

Albert Thibodeau, M. D., Laval University, Montreal, 1881, of Escanaba, died in the Delta County Hospital, February 13, from carcinoma, aged 49.

Henry R. Case, M. D., George Washington University, 1873, a member of the American Medical Association, died at his home in Flint, December 5th, 1908, from cancer of the neck, aged 60.

Frederick Cobold McCallum, M. D., University of Toronto, 1866, Bellevue Hospital Medical College, 1866, died at his home in Hersey, September 18th, from jaundice.

Emmett E. Richardson, M. D., Cleveland University of Medicine and Surgery, 1893, died at his home in Dundee, September 18th, aged 50.

Ezra A. Palmer, M. D., University of Michigan, 1876, Northwestern University Medical School, 1886, died at his home in Hartford, September 18, from nephritis, aged 62.

Fremont C. Warne (license, years of practice, 1900), one of the oldest practitioners of Northern Michigan, died at his home in East Jordan, September 12th.

Richard S. Forsyth, M. D., D. C. of M., 1892, of Houston, Texas, formerly local surgeon to the Northwestern System at Escanaba, and physician of Delta county, Mich., died at his summer home at La Porte, Texas, September 10th, aged 42.

Dr. S. C. Van Antwerp, a prominent member of the Kalamazoo Academy of Medicine and of the State Society, died at his home in Vicksburg, October 4th.

Dr. Van Antwerp was born at Hume, Alleghany County, N. Y., March 21, 1847. The doctor grew to manhood in Illinois and Iowa and while pursuing his studies in Oberlin College, Ohio, enlisted in May, 1864, in Company K, 115th Ohio Infantry, a company composed of college students. The fall of that year he returned to Oberlin College, where he remained until 1868.

In 1870 he entered the medical department of the University of Michigan, from which he graduated in 1872. He began practice at Orland, Ind., and after remaining there five years, located in Vicksburg.

He was married to Carrie L. Clapp, December 31st, 1885, and they have lead an ideally happy married life.

He was a man of high attainments and loyal to his profession. Fraternally he was a Mason and a Knight of the Maccabees. He served for many years on the board of education and was secretary at the time he was obliged to resign on account of ill health.

Dr. Julian Branch died September 30th at his home in Brookfield, aged 32 years. The Eaton County Medical Society adopted the following resolutions:

Whereas, Death having entered our ranks and removed from our midst our esteemed brother, Dr. Julian Branch, of Brookfield, we feel that in his death the profession has lost a sincere and earnest practitioner, and his family an affectionate and loving husband and father; therefore be it

Resolved, That we tender to the family and friends of our deceased brother, our sincere sympathy in this their hour of affliction.

Resolved, That a copy of these resolutions be sent to the wife and children of the deceased; also that they be spread upon the minutes of this meeting and further that a copy be sent to the Journal of the Michigan State Medical Society for publication.

C. S. SACKETT, M. D.
A. H. BURLESON, M. D.

Correspondence.

Detroit, November 1, 1909.

Dr. W. T. Dodge, Chairman of the Council, Big Rapids, Mich.

Dear Doctor Dodge:—In January I shall have completed four years as secretary of the Michigan State Medical Society and editor of the Journal. When chosen to this dual office, I determined, in case I were reëlected from year to year, that I would resign at the end of four years' service. I decided upon this because it has always been my firm belief that the interests of any organization are best subserved by a change of its officers frequently enough to infuse new ideas and new enthusiasm, yet not so often as to disturb a given policy or interrupt the smooth working of the machinery. Four terms, in this instance, seem to me to meet these requirements.

Furthermore, the routine of the secretary's office and the editorial work on the Journal are arduous. They require more time than my other duties will at present allow.

The work has interested me greatly and I am loath to give it up. The future of medical organization was never brighter than it is today and my whole heart will be in it, even though I take a less active part than during the past four years.

Believe me, the thought of severing my official connection with the council and the membership at large grieves me, but for the reasons stated I feel that, even should the council desire me to continue, I cannot accept a reëlection in January. I am writing you this early in order that ample time may be given for the consideration of candidates who may come forward for the position.

I am, sir,

Faithfully yours,

BENJAMIN R. SCHENCK, *Sec'y.*

With your permission this letter will be published in the November issue of the JOURNAL.

Appeal to the Medical Profession of the West and South.

Up to the present time there has not been a concerted effort made to collect and preserve historical data in regard to the origin, evolution and personnel of our profession in this part of the country. The result of this delinquency has been the total loss of much material that should have been preserved, especially pertaining to medical schools and societies and biographical matter in connection with the practitioners and teachers of medicine of by-gone days. A good deal of material of this character is still obtainable if a systematic effort is made to locate and preserve it. It is in the possession of individuals, families and private libraries and will eventually be lost. The Western Association for the Preservation of Medical Records was organized in May, 1909, for the purpose of collecting the historical and biographical records of the profession of the West and South. We wish to preserve anything and everything pertaining to medicine and medical men and are anxious to enlist the help and support of every member of the profession who is in sympathy with our aims. We want every one to become associated and identified with the work of our Association. There are no fees or obligations of any kind. We have made arrangements with the Lloyd Library, Cincinnati, Ohio, for the proper housing of the material collected. The latter will be systematically arranged, catalogued and preserved so that it can be made available for research work. We are particularly anxious to obtain—

1. Medical journals published in the West and South prior to 1880.
2. Medical books and pamphlets written or published in the West.
3. Manuscripts and autographs of early physicians.
4. Old diplomas and other documents of a medical character.
5. Proceedings of medical societies.
6. Reports of hospitals and other medical institutions.
7. Catalogues and announcements of Western and Southern medical colleges of all "schools."
8. Biographies and portraits of Western physicians.
9. Information and material of any kind pertaining to medicine and medical men and affairs in the West and South.
10. Curios of a medico-historical character.

All contributions should be sent in care of the Librarian. In view of the fact that we are performing a labor of love and have no funds, our friends and associates will readily understand why all contributions sent by express or freight should be prepaid so that no expense may accrue to the Association. The necessary expenses of the Association are at present being met by voluntary contributions of its organizers.

May we count upon *your* active help and support? We would like to hear from every member of the profession who is interested in the proposed work.

C. A. L. REED, M. D., *Chairman.*
OTTO JUETTNER, M. D., *Secretary.*
A. G. DRURY, M. D., *Librarian.*
710 West Eighth St., Cincinnati, Ohio.

Progress of Medical Science

MEDICINE.

Conducted by

T. B. COOLEY, M. D.

Blood Cultures in Febrile Diseases.—KIRALYFI reports an interesting series of observations on 80 cases in which blood cultures were made. Sixty of these cases were acute infectious diseases, while the other twenty were cases of various kinds during the course of which fever of obscure origin occurred. In these 20, cultures were negative in all but two, the fever being due to other causes than bacterial toxins. Inasmuch as the occurrence of bacteriemia in the course of chronic diseases makes the prognosis graver, KIRALFI thinks such negative findings may often be of value. Of the cases of acute infectious disease, 54% gave positive cultures. Of these, the cases of typhoid fever, septicemia, and the group comprising endocarditis, chorea and infectious arthritis were of particular interest. Of thirteen cases of typhoid ten gave positive cultures. Of the other three, two were in a late stage, where positive results were not to be expected, and one gave no Widal reaction, and the diagnosis was uncertain. Several gave positive cultures some days before the Widal reaction appeared. One case giving typical clinical appearances of typhoid was recognized as pneumonia by the finding of the pneumococcus in the cultures; 80% of the cases of septicemia gave positive cultures of the pus organisms or Fraenkel's pneumococcus, and these cultures were of some value in differentiating from typhoid. Of special interest in the endocarditis and arthritis group was the occurrence in several cases of the pseudo-diphtheria bacillus.

Aside from the values of the blood cultures in differential diagnosis, KIRALFI thinks that the frequency of positive results in comparatively mild cases shows bacteriemia to be much less ominous than was formerly supposed.—*Zeitschr. fur. Klin. Med.*, Vol. 68, p. 401.

Chronic Appendicitis in Children.—COMBY thinks that this condition is much more common than is generally supposed, and that while usually the diagnosis is not made unless an acute exacerbation calls special attention to the appendix, careful observation on the part of the physician may lead to earlier recognition of the trouble, and consequently an earlier cure. He reports having observed over 120 cases of chronic appendicitis, which form the basis of this article.

The etiology is often vague. The disease may occur in well nourished children, without previous intestinal disease, and in these some general cause—heredity, family predisposition, etc., may play a part. More often it is seen in children subject to adenoid disturbances, pharyngeal catarrh, enlarged tonsils, adenitis, etc. Most commonly one gets a history of preceding intestinal disorders, especially follicular enteritis, which may be supposed to have left their mark upon the appendix. The infectious diseases in general, and grippe especially, seem often to be important. Carelessness in diet, and over-eating are also etiologic factors. The disease is rare in early infancy, becoming more frequent from the fourth year on.

The symptomatology described by COMBY is very indefinite, embracing practically all the symptoms commonly ascribed to chronic intestinal indigestion in children. It is interesting to note that he believes nearly all cases of "cyclic vomiting" to be instances of chronic appendicitis, and refers to a series of over one hundred cases under his own observation. Muco-membranous entero-colitis, also, he considers to be a frequent result of appendix disease.

Under differential diagnosis he discusses entero-colitis, cyclic vomiting, which he has already declared to be nearly always due to appendicitis, hepatic and renal colic and floating kidney, all of which are rare in children; salpingitis; unusual manifestations of coxalgia, and some other conditions of similar symptomatology. The deciding point is the abdominal pain with localized tenderness at McBurney's point, which he believes can nearly always be made out by careful examination.

Medical treatment he thinks should not be continued after the diagnosis is made, as the interval operation is safe, and will almost certainly save the patient much illness.—*Arch. f. Kinderheilkunde*, Vol. 50, p. 138.

ALSBERG, in the same journal, gives details of seventeen cases of appendicitis in children. He doubts any such connection with angina as is often assumed, but does note an apparent relation to influenza. He is also doubtful regarding any special relation between diet and appendicitis. He emphasizes, however, the importance of infectious enteritis, especially folicular colitis, in the etiology.

He thinks that too little attention is given to possible appendicitis in childhood; that vomiting and abdominal pain are too often slighted, and that laxatives are given too often and too carelessly in such conditions.

He calls attention to the difficulty in diagnosis in young children, mentioning especially, besides other conditions discussed by Comby, right sided pneumonia and cystitis. He thinks the flexed position of the right leg is often a help in diagnosis.

Like Comby, ALSBERG places little reliance on palliative treatment, and believes in operation in almost all cases.—*Arch f. Kindberheilkunde*, Vol. 50, p. 252.

SURGERY.

Conducted by

C. S. OAKMAN, M. D.

The Role of Heart Massage in Surgery.—"Heart Massage" means the "manual stroking, rubbing, or kneading of the organ either by (a) costal resection, (b) through an incision in the diaphragm (transdiaphragmatic), or (c) with the diaphragm interposed between the hand and the heart (subdiaphragmatic)." C. S. WHITE, of Washington, offers this definition and deplores the use of the term by heart specialists to denote a system of gradual cardiac exercise. Forty-eight cases of heart massage are tabulated, with two added from the author's own experience; of these, ten patients recovered, eight of them by subdiaphragmatic, and two by direct massage. Moreover, in fourteen other cases of the fifty, massage resulted in a resuscitation lasting from one-half to 24 hours. In every case the massage was accompanied by artificial respiration, and usually by other measures. The table covers a period of 28 years, and includes only those cases in which not only respiration but also the pulse has ceased to be perceptible; in other words there seemed to be absolutely suspended animation, for varying lengths of time—usually several minutes. The accident was attributed to chloroform in 35 cases, four were from asphyxia, one each from ether, chloroform and ether, gas and ether, A. C. E. mixture, five were not stated, and in two cases there was no anesthetic, and no cause given. Of the ten recoveries, four were chloform cases, one gas-ether, one ether, one chloroform-ether, and the rest not stated.

This method of resuscitation will be most frequently applicable in chloroform cases, because chloroform furnishes the greatest number of such accidents, because the abdomen is often already open, affording instant access to the heart, and because the massage is a logical procedure, in view of the peculiar effect of chloroform on the heart.

The failure of the heart in these cases is dependent upon respiratory failure, lowered blood pressure and the direct action of chloroform on the heart. Syncope of the heart, according to recent evidence, is rarely primary in anesthesia, despite a common belief to the contrary. Chloroform undoubtedly has a depressant action on cardiac muscle, but the muscle has good powers of recovery if the poison can be removed. In cases of arrested circulation the only means of removal is by forcible expression of the blood in the heart, allowing freshly aerated blood from the lungs to enter the left ventricle and coronary arteries. In this way massage is often of value, and accomplishes the cardiac recovery if accompanied by artificial respiration. But this is not the only element of complete resuscitation, because some cases die after a few hours, in spite of restored heart-beat and respiration. If other highly organized viscera, essential to life, are irreparably damaged, the automatic heart action may be of brief duration; for instance, if the medulla is paralyzed too deeply, the respiratory and cardiac centers will not recover and resuscitation is then only transient and deceptive. The cerebrum is easily affected beyond chance of recovery. Other cases, apparently on the road to recovery for many hours, with revived medulla and cerebral centres, succumb to toxemic symptoms, probably of hepatic origin.

The choice of methods in heart massage, in the author's opinion, is awarded to the subdiaphragmatic. This has the largest number of recoveries to its credit and is an efficient means, devoid of the dangers inherent in the other two methods. Direct massage necessitates cutting through three ribs and a part of the sternum, and this not only is time-consuming, but also results in a pneumothorax and a collapsed lung, because it is difficult in hurried work to avoid opening the pleura. This of course militates against the very end that is sought—namely the maximum aeration of the blood by artificial respiration. The transdiaphragmatic method consists in opening the abdomen and entering the pericardium through the diaphragm, at the apex of the heart; this can be done easily without injury to the pleura. It seems, however, unnecessary to open through the diaphragm; one hand inserted through an epigastric wound can readily palpate the heart, and with the other hand on the precordial area externally effective massage and emptying of the heart is possible. Thirty to forty strokes per minute are the best to restore cardiac function.

Another prime factor in favoring resuscitation is to lower the head,—the ordinary Trendelenberg position is excellent.

The author has carried out experiments on animals, in addition to his clinical observations and resumé of the literature; kymograph tracings, photographs of cadaver sections, reports of his own cases, and complete bibliography make the article of unusual value.—*Surg. Gyn. and Obst.*, Oct., 1909.

PATHOLOGY AND BACTERIOLOGY.

Conducted by

C. E. SIMPSON, M. D.

Staining Blood Smears.—FISHER suggests a modification of the Jenner bloodstain which is recommended for uniform results and simplicity. The stain is prepared as follows. Take 200 c. c. of a 1¼ per cent solution of yellow aqueous eosin in distilled water and mix with 200 c. c. of a 1 per cent solution of methylene blue, medicinally pure, Grübler, in distilled water. Any of the Grübler blues work satisfactorily. Allow this mixture to stand in an uncovered shallow porcelain evaporating dish for twenty-four to thirty-six hours, protected from dust. At the end of that time filter through a fine-grained filter paper. The residue on the paper is dried in the incubator or oven at 55° to 60° C. This powder is shaken up with cold distilled water, filtered through fine paper, and washed with distilled water until the washings are a thin, dirty, purplish color. Dry the precipitate on the paper, either in the air or in the oven not above 60° C., then scrape off the powder and store in a bottle to use as needed in preparing the fluid. The preparation of the powder may be done by a laboratory supply house. The staining fluid is prepared by taking .2 grain of the powder and rubbing in a mortar with 100 c. c. of acetone free methyl alcohol. Add the alcohol to the powder a drop at a time and allow to stand for three or four days, then filter and add 25 c. c. of methyl alcohol. The bottle should be kept tightly corked to avoid evaporation and consequent concentration. The solution is purplish blue in color and without sediment or precipitate. It will keep indefinitely.

Smears are covered with this stain without previous fixation. After one to three minutes the smear is washed with more of the solution and then in running water, dried on filter paper and examined. The author claims that there is no danger of overstaining by this method. Cells stain by this fluid much as by the Wright and Hastings stains; nuclei are blue, granules of the polynuclear cells are dull mahogany, of the eosinophiles a brighter mahogany, basophilic granules are bluish violet, malarial parasites are stained a greenish blue.—*Medical Record,* Vol. 76, p. 564.

The Treatment of Sepsis with Bacterial Vaccines.—From the Massachusetts General Hospital are reported the results obtained from treating several cases of infection with vaccines. The infections include septic hands, laparotomy wounds, puerpual sepsis, etc. In every case the pathogenic organism was determined by culture and in the majority of cases an autogenous vaccine used. The amount of the inoculation varied with the micro-organism and the nature of the infection. The initial dose was from 5 to 25 million, and this amount was gradually increased at each successive inoculation until the maximum of 100 million was reached, though even this was at times exceeded.

In determining the frequency of inoculation in general infections a rise in temperature following a drop was taken as an indication to reinoculate; in other cases the inoculation was repeated every fourth day. Following an unusually large dose there would sometimes occur backache, headache, or even chills and a rise in temperature.

Brief case histories of several patients are added. Of eighteen cases of puerperal sepsis all recovered; fifteen of them showed streptococci from the cervix in pure or nearly pure culture. Twenty-two cases of septic laparotomy wounds are reported. In some where the wounds had remained stationary for some time improvement seemed to follow immediately after the vaccine inoculations. Forty-one localized conditions of septic hands and fingers, some of the lower extremities, and a few of the head and neck, were treated with vaccine. All recovered. In the instances where the infection was deep-seated, such as tendon sheaths and the fascial planes of the lower extremities, the vaccine did not seem to accomplish much. Six cases of empyema and four of osteomyelitis were not benefited.

From these cases the writers conclude: 1. That bacterial vaccines should be further employed in puerperal infections which do not immediately respond to routine treatment. 2. That bacterial vaccines are of much value in that type of sepsis which has remained stationary for some time.

LARYNGOLOGY.

Conducted by

J. E. GLEASON, M. D.

Further Contributions to the Pathology and Therapy of Ozena.—SCHOENEMANN formerly published the opinion that ozena represented a disease of the nasal mucus membrane similar to an eczema upon the skin. Further observations have shown that not infrequently do ozena patients suffer from such a skin condition. The internal or, better still, the subcutaneous use of arsenic in the largest possible doses without doubt exerts a favorable influence for a permanent improvement of ozena. To be sure such medication can not supplant wholly the local treatment. In two cases, furthermore, SCHOENEMANN wrongly diagnosed a suppuration of the antrum of Highmore. In these cases, after a broad opening had been made through the canine fossa, the antrum was found to be healthy, but the ozena nevertheless afterward took on a milder form with a tendency toward healing. If such a broad opening into the maxillary sinus acts favorably in genuine ozena (that is, where there is no sinus disease), it may be advisable to always begin the treatment of this disease with such a procedure. This is offered as a suggestion.—*Proceedings of the German Laryngological Association. Monatschrift fur Ohrenheil,* Heft. VIII.

Alcohol Injection of the Superior Laryngeal Nerve in Tuberculous Laryngitis.—Stimulated by Schlosser's success with injection of alcohol for neuralgia, HOFFMAN has used the injection for the pain of swallowing in laryngeal tuberculosis, after Braun and Valentine had earlier employed a similarly made injection of cocain solution for a transient anesthesia in intralaryngeal operations of short duration. The patient is placed in a horizontal position. The thumb of the operator's left hand forces the larynx to the side upon which the injection is to be made, bringing that side plainly into view. The index finger of the same hand is pushed into the space between the thyroid cartilage and the hyoid bone, and locates the most sensitive spot. The skin having been previously carefully disinfected, the needle of the hyperdermic syringe is entered exactly over this tender area. HOFFMAN pushes the needle perpendicularly to the surface to a depth of 1½ cm. The needle is then carefully moved until it comes into contact with the nerve which causes the patient pain radiating to the ear. Injection is then made of a warm solution of 85% alcohol. For later success, this injection must cause the patient a severe pain in the ear. The needle is then removed, and a collodion bandage applied. Untoward results are never seen. The patient is immediately after the injection able to eat solid food without complaint. The duration of the analgesia is different in different cases, varying between six and forty days. HOFFMAN considers this procedure worthy of commendation.

In the discussion of the above subject, Avellis stated that, since his own results with the injection of alcohol were not altogether satisfactory as regards duration of analgesia, he had resected with an interval of nine days both superior laryngeal nerves in a case of severe laryngeal tuberculosis with slight lung involvement. This procedure is without special difficulty, since in the emaciated condition of the patient the arteries are easily palpable and therefore avoidable. He had also resected the supraorbital nerve for supraorbital neuralgia with most satisfactory results.—*Proceedings of the Society of German Laryngologists,* Freiburg, May, 1909.

Atrophic Rhinitis.—LANGE gives his experience with the treatment of atrophic rhinitis by the submucous injection of paraffin, and summarizes the article as follows. Some of the troublesome symptoms, especially the chronic cough in cases of atrophic rhinitis, have been greatly benefited by the submucous injection of semisolid paraffin. In very chronic cases in which the inferior turbinate is practically absent on account of the disease, or when the mucoperiosteum is tightly stretched over the external wall of the nares, the author does not think that they will be benefited by this line of treatment. He does not pretend to advocate the above over every other treatment, but thinks that in certain cases it is a most valuable adjunct. These cases due to syphilis, to tuberculosis, or to sinus empyema are not cases for this method. The operation is simple and painless, and if done by the Gersung method is free from danger. The operation must be done under strict asepsis; too much paraffin must not be injected at one sitting. The paraffin must be semisolid and the author prefers Gersung's paraffin to which olive oil is added 1-3. Aseptic paraffin injected subcutaneously does not act as a foreign body.—*Laryngoscope,* March, 1909.

OTOLOGY.

Conducted by

EMIL AMBERG, M. D.

Injury of the Hearing Organ by Sound.—DR. U. YOSHII, in his experiments concerning the injury of the hearing organ by sound effects, mentions Wittmaack and says that up to that time one had thought that the pathologic and anatomic phenomena which appear after short intense sound effects (crack, explosion, etc.), consist in the tearing of the membranous labyrinth and of intralabyrinthian hemorrhages, and that these changes constitute the cause for the resulting hardness of hearing. Wittmaack, however, in his experiments with the whistle and hunting gun has come to another conclusion. According to the experiments neither hemorrhages nor tearing of the delicate membranes in the ductus cochlearis result as a direct consequence of the effects of sound, but marked changes in the nervus cochlearis, the ganglion cochleare and the organ of Corti. YOSHII came to the following results shown by microscopic investigations: 1. The continuous adduction of a tone by air conduct is able to cause pronounced processes of degeneration of the organ of Corti and of the nerve-elements without being accompanied by essential injuries of the vestibulum and of the middle ear. 2. That the spots of changes of Corti's organ and of the nerve-elements vary according to the pitch of the tone. 3. That the intensity of the change varies according to the strength of the tone.

YOSHII also made experiments with a sirene. The sirene was blown three or four times strongly in the immediate neighborhood of the auricle. Immediately after the effect of the sound the guinea pig became limp, motionless, and shrank in fright, but it never became unconscious or fell. The animals soon recovered and became lively again. He found first that by this method marked changes could be produced in Corti's organ and in the cochlearis nerves. Second, that the same process can take place in different places, but that a certain pitch of the whistle refers to a certain spot of the cochlea. He also made experiments with one and with repeated detonations.

In a specimen examined after a single detonation he found grave injuries; destruction of the epithelium of sense (in its narrower sense) and of the supporting portion of the organ of Corti. He also found marked changes of the nerve cells and of the nerve fibres. Besides, he found more or less outspoken hemorrhages in the tympanic cavity, in the perilymphatic spaces and in the neighborhood of the sacculus and the utriculus. An experiment was made by YOSHII by discharging a revolver, the muzzle of which was twenty centimeters from the ear. He found that the changes in the two temporal bones varied. In the one he found changes in the middle ear with rupture of the drum membrane, whereas the labyrinth remained entirely intact. On the other side he found a slight alteration of the cochlea whereas the drummembrane and the middle ear showed no change. He also thinks his experiments allow the conclusion that in changes of air pressure of the same intensity, the lesions of the labyrinth are more grave when the drum membrane remains intact.

He comes to the following conclusions: The injury to the hearing organ by noise effects, be it in man (professional hardness of hearing), be it in animals (experimental investigations), starts in the organ of Corti. Secondarily, the nerve fibers and the ganglion cells are injured in ascending direction. He also found that the pathologic changes which are created in the cochlea, in consequence of purely acoustic influences, namely of the physiologic overirritation of the end-organ and of the cochlear nerves, are distinct from those which are caused by intoxication, infection, etc. He also found that the injured spot in the scale of the cochlea lies lower when the source of the sound is higher. He is of the opinion that we are confronted by transversal and not by longitudinal vibration of the membrane. He concludes that his experiments and those of Wittmaack show that the localisation of the sound waves in the labyrinth, at least in the mechanical final result, can be demonstrated with a certainty in the sense of the theory of Helmholtz, which may scarcely be second to the certainty with which the dust-figures of Kundt can be produced by various tones in their characteristic configurations. He also claims that his experiments, which were made in the laboratory of the Physiologic Institution (Prof. Netzner) and in the otolarynogolischen clinic (Prof. Siebenmann) of the University of Basil have great preference, compared with the experiments of Ewald, in that they were not performed on a model, but directly on the human ear.—*Zeitschrift fuer Ohrenheilkunde and fuer die Krankheiten der Luftwege,* Vol. 58, pp. 3 and 4.